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

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

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

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

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

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

Very low = any estimate of effect is very uncertain.

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

Contents

LOW-INTENSITY INTERVENTIONS

Computerised cognitive behavioural therapy (CCBT)

Is CCBT effective compared with waitlist?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CCBT	Waitlist control	Relative (95% CI)	Absolute		
Leaving study early for any reason												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	35/102 (34.3%)	42/100 (42%)	RR 0.82 (0.57 to 1.16)	76 fewer per 1000 (from 181 fewer to 67 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		
Depression self-reported measures at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	102	100	-	SMD 0.27 lower (0.54 lower to 0.01 higher)	⊕⊕OO LOW	CRITICAL

[1] Single study, inconclusive effect size

Is CCBT effective compared with discussion control?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CCBT	Discussion control	Relative (95% CI)	Absolute		
Leaving study early												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	67/239 (28%)	30/238 (12.6%)	RR 2.23 (1.51 to 3.28)	155 more per 1000 (from 64 more to 287 more)	⊕⊕⊕⊕ HIGH	CRITICAL
								0%		0 more per 1000 (from 0 more to 0 more)		
Depression self-reported measures at endpoint (Better indicated by lower values)												
2	randomised trials	no serious limitations	very serious[1]	no serious indirectness	no serious imprecision	none	172	208	-	SMD 0.61 lower (1.22 lower to 0 higher)	⊕⊕OO LOW	CRITICAL

[1] Heterogeneity >80%

Is CCBT effective compared with treatment as usual?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CCBT	TAU control	Relative (95% CI)	Absolute		
Depression self-reported measures at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	32	22	-	SMD 0.62 lower (0.91 lower to 0.33 higher)	⊕⊕OO LOW	CRITICAL
Leaving study early												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	54/146 (37%)	0%	RR 1.35 (0.95 to 1.93)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Depression self-report at 3 months (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	95	100	-	SMD 0.40 lower (0.7 to 0.11 lower)	⊕⊕⊕O MODERATE	CRITICAL
Depression self-report at 5 months (Better indicated by lower values)												

1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	83	81	-	SMD 0.42 lower (0.73 to 0.11 lower)	⊕⊕⊕O MODERATE	CRITICAL
Depression self-reports at 8 months (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	94	92	-	SMD 0.56 lower (0.85 to 0.27 lower)	⊕⊕⊕O MODERATE	CRITICAL

[1] Single study, inconclusive effect size
[2] Single study

Is CCBT effective compared with information control?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CCBT	Information control	Relative (95% CI)	Absolute		
Depression self-reported measures at endpoint (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	174	195	-	SMD 0.23 lower (0.43 to 0.02 lower)	⊕⊕⊕⊕ HIGH	CRITICAL

Is CCBT effective compared with any control?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CCBT	any control	Relative (95% CI)	Absolute		
Depression self-report measures at endpoint (Better indicated by lower values)												
6	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	480	525	-	SMD 0.35 lower (0.52 to 0.18 lower)	⊕⊕⊕⊕ HIGH	CRITICAL
Depression self-report measures at 3-month follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	33	21	-	SMD 0.10 higher (0.45 lower to 0.65 higher)	⊕⊕OO LOW	CRITICAL
Depression self-report measures at 5-month follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	30	17	-	SMD 0.39 higher (0.21 lower to 0.99 higher)	⊕⊕OO LOW	CRITICAL
Depression self-report measures at 6-month follow-up (Better indicated by lower values)												

1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	106	131	-	SMD 0.20 lower (0.46 lower to 0.06 higher)	⊕⊕OO LOW	CRITICAL
Depression self-report measures at 8-month follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	33	20	-	SMD 0.04 higher (0.51 lower to 0.6 higher)	⊕⊕OO LOW	CRITICAL
Depression self-report measures at 12-month follow-up (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	196	224	-	SMD 0.23 lower (0.43 to 0.04 lower)	⊕⊕⊕⊕ HIGH	CRITICAL

[1] Single study, inconclusive effect size

Is CCBT effective compared with psychoeducation control?

Quality assessment							**Summary of findings**					**Importance**
							No. of patients		**Effect**		**Quality**	
No. of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**CCBT**	**Psychoeducation control**	**Relative (95% CI)**	**Absolute**		
Leaving study early for any reason												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	46/182 (25.3%)	25/165 (15.2%)	RR 1.67 (1.08 to 2.59)	102 more per 1000 (from 12 more to	⊕⊕⊕O MODERATE	CRITICAL

										241 more)		
								0%		0 more per 1000 (from 0 more to 0 more)		
Depression self report measures at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	136	140	-	SMD 0.03 lower (0.27 lower to 0.2 higher)	⊕⊕OO LOW	CRITICAL

[1] Single study

[2] Single study, inconclusive effect size

Is CCBT effective compared with group CBT?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CCBT	Group CBT control	Relative (95% CI)	Absolute		
Leaving study early for any reason												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	35/102 (34.3%)	43/99 (43.4%)	RR 0.79 (0.56 to 1.12)	91 fewer per 1000 (from 191 fewer to 52 more)	⊕⊕OO LOW	CRITICAL

								0%		0 fewer per 1000 (from 0 fewer to 0 more)		
Depression self report measures at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	102	99	-	SMD 0.06 higher (0.22 lower to 0.34 higher)	⊕⊕OO LOW	CRITICAL

[1] Single study, inconclusive effect size

Is CCBT effective compared with any active control?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CCBT	Any active control	Relative (95% CI)	Absolute		
Depression self report measures at 6 month follow up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	106	115	-	SMD 0.05 higher (0.21 lower to 0.31 higher)	⊕⊕OO LOW	CRITICAL
Depression self report measures at12 month follow up (Better indicated by lower values)												
2	randomised trials	no serious limitations	serious[2]	no serious indirectness	serious[3]	none	196	206	-	SMD 0.02 lower (0.22 lower to	⊕⊕OO LOW	CRITICAL

										0.17 higher)		

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

Guided self-help

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Individual guided self-help (with minimal support)	Waitlist control	Relative (95% CI)	Absolute		
Leaving study early												
6	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	14/115 (12.2%)	0%	RR 1.71 (0.62 to 4.69)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
Depression self-report (Better indicated by lower values)												
5	randomised trials	no serious limitations	serious[2]	no serious indirectness	no serious imprecision	none	78	81	-	SMD 0.98 lower (1.5 to 0.47	⊕⊕⊕O MODERATE	CRITICAL

										lower)		
Depression self-report at 12 months (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	107	109	-	SMD 0.20 lower (0.47 lower to 0.07 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depression clinician-report (Better indicated by lower values)												
4	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	79	82	-	SMD 1.54 lower (1.9 to 1.18 lower)	⊕⊕⊕⊕ HIGH	CRITICAL

[1] Inconclusive ES

[2] Heterogeneity >50%

[3] Single study

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Individual guided self-help (with support)	Treatment as usual	Relative (95% CI)	Absolute		
Leaving study early												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	7/29 (24.1%)	0%	RR 7.24 (0.95 to 55.26)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Depression self-report (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	19	23	-	SMD 0.27 lower (0.88 lower to 0.34 higher)	⊕⊕OO LOW	CRITICAL

[1] Single study; inconclusive ES

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect			
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Individual guided self-help (minimal support)	Control	Relative (95% CI)	Absolute	Quality	
Leaving study early												
2	randomised trials	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	103/248 (41.5%)	0%	RR 10.77 (0 to 31281.62)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
Depression self-report (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	102	102	-	SMD 0.49 lower (0.77 to 0.21 lower)	⊕⊕⊕O MODERATE	CRITICAL
Depression self-report at 12 months (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	102	102	-	SMD 0.42 lower (0.7 to 0.14 lower)	⊕⊕⊕O MODERATE	CRITICAL

[1] Heterogeneity >50%
[2] Single study

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

Quality assessment							Summary of findings					
							No. of patients		Effect			
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Individual guided self-help (with support)	Waitlist control	Relative (95% CI)	Absolute	Quality	Importance
Leaving study early												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	1/15 (6.7%)	0%	RR 0.50 (0.05 to 4.94)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Depression self-report (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	13	11	-	SMD 0.28 lower (1.08 lower to 0.53 higher)	⊕⊕OO LOW	CRITICAL

[1] Single study; inconclusive ES

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Group guided self-help	Waitlist control	Relative (95% CI)	Absolute		
Leaving study early												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	0/11 (0%)	0%	RR 0 (0 to 0)	0 fewer per 1000 (from 0 fewer to 0 fewer)	⊕⊕⊕O MODERATE	CRITICAL
Depression self-report (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	11	10	-	SMD 0.67 lower (1.56 lower to 0.21 higher)	⊕⊕OO LOW	CRITICAL
Depression self-report at 3-months (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	30	25	-	SMD 0.51 lower (1.05 lower to 0.03 higher)	⊕⊕OO LOW	CRITICAL

[1] Single study

[2] Single study; inconclusive ES

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Group guided self-help	Treatment as usual	Relative (95% CI)	Absolute		
Leaving study early												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	35/205 (17.1%)	0%	RR 2.16 (1.08 to 4.34)	0 more per 1000 (from 0 more to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
Depression self-report (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	82	40	-	SMD 0.45 lower (0.83 to 0.07 lower)	⊕⊕⊕O MODERATE	CRITICAL

[1] Single study

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Guided self-help (with support by mail)	Waitlist control	Relative (95% CI)	Absolute		
Leaving study early												
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	25/167 (15%)	0%	RR 1.75 (0.67 to 4.65)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
Depression self-report (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	28	67	-	SMD 0.57 lower (1.02 to 0.12 lower)	⊕⊕⊕O MODERATE	CRITICAL
Depression self-report at 1-month (Better indicated by lower values)												
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	158	100	-	SMD 0.08 lower (0.3 lower to 0.13 higher)	⊕⊕⊕O MODERATE	

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

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

Physical activity

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Supervised aerobic + AD	Combination AD	Relative (95% CI)	Absolute		
Clinician-rated depression scores (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	10	20	-	SMD 1.04 lower (1.85 to 0.23 lower)	⊕⊕⊕O MODERATE	CRITICAL
Leaving treatment early due side effects												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	5/55 (9.1%)	0%	RR 0.87 (0.27 to 2.83)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL

[1] Single study

[2] Single study and inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Physical activity (supervised)	No physical activity control	Relative (95% CI)	Absolute		
Clinician-rated depression scores (Better indicated by lower values)												
5	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	110	103	-	SMD 1.26 lower (2.12 to 0.37 lower)	⊕⊕⊕⊕ HIGH	CRITICAL
Clinician-rated depression scores at 24 weeks (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	12	11	-	SMD 0.15 higher (0.67 lower to 0.97 higher)	⊕⊕OO LOW	CRITICAL
Clinician-rated depression scores at 34-36 weeks (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	56	57	-	SMD 0.38 lower (0.75 to 0.01 lower)	⊕⊕⊕⊕ HIGH	CRITICAL

Self-rated depression scores (Better indicated by lower values)												
7	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	214	190	-	SMD 0.74 lower (1.19 to 0.29 lower)	⊕⊕⊕⊕ HIGH	CRITICAL
Self-rated depression scores at 4 weeks (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	48	34	-	SMD 1.58 lower (2.09 to 1.08 lower)	⊕⊕⊕O MODERATE	CRITICAL
Self-rated depression scores at 8 weeks (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	48	34	-	SMD 1.06 lower (1.53 to 0.59 lower)	⊕⊕⊕O MODERATE	CRITICAL
Self-rated depression scores at 34 weeks (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	43	43	-	SMD 0.24 lower (0.67 lower to 0.18 higher)	⊕⊕OO LOW	CRITICAL
Leaving treatment early												
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	17/104 (16.3%)	0%	RR 1.47 (0.72 to	0 more per 1000 (from 0 fewer to	⊕⊕⊕O MODERATE	CRITICAL

									3.01)	0 more)		

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

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Physical activity (unsupervised)	No physical activity control	Relative (95% CI)	Absolute		
Self-rated depression scores (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	11	15	-	SMD 0.42 higher (0.37 lower to 1.21 higher)	⊕⊕OO LOW	CRITICAL
Self-rated depression scores at 24 weeks (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	14	18	-	SMD 0.10 higher (0.6 lower to 0.8 higher)	⊕⊕OO LOW	CRITICAL

[1] Single study and inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Physical activity (supervised)	Pill placebo	Relative (95% CI)	Absolute		
Clinician-rated depression scores (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	51	49	-	SMD 0.27 lower (0.67 lower to 0.12 higher)	⊕⊕OO LOW	CRITICAL
Leaving treatment early												
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	12/87 (13.8%)	0%	RR 0.64 (0.33 to 1.23)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL

[1] Single study and inconclusive effect size

[2] Inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Physical activity (unsupervised)	Pill placebo	Relative (95% CI)	Absolute		
Clinician-rated depression scores (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	53	49	-	SMD 0.12 lower (0.5 lower to 0.27 higher)	⊕⊕OO LOW	CRITICAL
Leaving treatment												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	3/53 (5.7%)	0%	RR 0.20 (0.06 to 0.65)	0 fewer per 1000 (from 0 fewer to 0 fewer)	⊕⊕⊕O MODERATE	CRITICAL

[1] Single study and inconclusive effect size
[2] Single study

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Physical activity (supervised)	Waitlist control	Relative (95% CI)	Absolute		
Clinician-rated depression scores (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	10	12	-	SMD 0.49 lower (1.35 lower to 0.36 higher)	⊕⊕OO LOW	CRITICAL
Clinician-rated depression scores at 12 weeks (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	10	9	-	SMD 0.34 lower (1.24 lower to 0.57 higher)	⊕⊕OO LOW	CRITICAL

[1] Single study and inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect			
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Physical activity (supervised aerobic)	AD	Relative (95% CI)	Absolute	Quality	
Clinician-rated depression scores (Better indicated by lower values)												
2	randomised trials	no serious limitations	very serious[1]	no serious indirectness	serious[2]	none	51	49	-	MD 0.75 lower (1.79 lower to 0.28 higher)	⊕OOO VERY LOW	CRITICAL
Self-rated depression scores (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	53	48	-	SMD 0.19 lower (0.58 lower to 0.2 higher)	⊕⊕OO LOW	CRITICAL
Leaving treatment early												
2	randomised	no serious	no serious	no serious	serious[2]	none	24/104	0%	RR 1.59	0 more per	⊕⊕⊕O	CRITICAL

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

[1] Heterogeneity >80%
[2] Inconclusive effect size
[3] Single study and inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No .of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Physical activity (unsupervised aerobic)	AD	Relative (95% CI)	Absolute		
Clinician-rated depression scores (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	53	49	-	SMD 1.03 lower (1.44 to 0.61 lower)	⊕⊕⊕O MODERATE	CRITICAL
Leaving treatment early												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	3/53 (5.7%)	0%	RR 0.40 (0.11 to 1.45)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL

Leaving treatment early due to side effects												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	3/53 (5.7%)	0%	RR 2.77 (0.3 to 25.78)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL

[1] Single study

[2] Single study and inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Physical activity (supervised aerobic)	Psychosocial and psychological interventions	Relative (95% CI)	Absolute		
Self-rated depression scores (Better indicated by lower values)												
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	39	40	-	SMD 0.23 lower (0.68 lower to 0.21 higher)	⊕⊕⊕O MODERATE	CRITICAL
Leaving treatment early												
1	randomised	no serious	no serious	no serious	very	none	2/10 (20%)	0%	RR 1.20 (0.14 to	0 more per 1000	⊕⊕OO	CRITICAL

	trials	limitations	inconsistency	indirectness	serious[2]				10.58)	(from 0 fewer to 0 more)	LOW	
Self-rated depression scores at 8 weeks (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	15	16	-	SMD 0.09 lower (0.79 lower to 0.62 higher)	⊕⊕OO LOW	CRITICAL
Self-rated depression scores at 16 weeks (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	13	13	-	SMD 0.41 lower (1.18 lower to 0.37 higher)	⊕⊕OO LOW	CRITICAL
Self-rated depression scores at 34 weeks (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	8	10	-	SMD 0.63 lower (1.59 lower to 0.33 higher)	⊕⊕OO LOW	CRITICAL

[1] Inconclusive effect size

[2] Single study and inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Physical activity (supervised non-aerobic)	Psychosocial and psychological interventions	Relative (95% CI)	Absolute		
Clinician-rated depression scores (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	12	12	-	SMD 0.80 higher (0.04 lower to 1.64 higher)	⊕⊕OO LOW	CRITICAL
Clinician-rated depression scores at 36 weeks (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	13	13	-	SMD 0.17 lower (0.94 lower to 0.6 higher)	⊕⊕OO LOW	CRITICAL

[1] Single study and inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Supervised aerobic + AD	AD	Relative (95% CI)	Absolute		
Clinician-rated depression scores (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	55	48	-	SMD 0.08 lower (0.47 lower to 0.31 higher)	⊕⊕OO LOW	CRITICAL
Leaving treatment early												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	11/55 (20%)	0%	RR 1.37 (0.58 to 3.26)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Self-rated depression scores (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	55	48	-	SMD 0.08 higher (0.31 lower to 0.47 higher)	⊕⊕OO LOW	CRITICAL

[1] Single study and inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect			
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Group physical activity (supervised aerobic)	No physical activity control	Relative (95% CI)	Absolute	Quality	
Self-rated mean depression scores (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	84	63	-	SMD 0.94 lower (1.29 to 0.59 lower)	⊕⊕⊕⊕ HIGH	CRITICAL
Self-rated depression change scores (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	19	20	-	SMD 0.61 lower (1.26 lower to 0.03 higher)	⊕⊕OO LOW	CRITICAL

Leaving treatment early											
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	13/64 (20.3%)	0%	RR 1.24 (0.56 to 2.79)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
Self-rated mean depression scores at 4 weeks (Better indicated by lower values)											
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	48	34	-	SMD 1.58 lower (2.09 to 1.08 lower)	⊕⊕⊕O MODERATE	CRITICAL
Self-rated mean depression scores at 8 weeks (Better indicated by lower values)											
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	48	34	-	SMD 1.06 lower (1.53 to 0.59 lower)	⊕⊕⊕O MODERATE	CRITICAL

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

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Group physical activity (supervised non-aerobic)	No physical activity control	Relative (95% CI)	Absolute		
Clinician-rated mean depression scores (Better indicated by lower values)												
4	randomised trials	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	93	90	-	SMD 0.77 lower (1.08 to 0.45 lower)	⊕⊕⊕O MODERATE	CRITICAL
Self-rated mean depression scores (Better indicated by lower values)												
4	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	93	90	-	SMD 0.54 lower (0.84 to 0.24 lower)	⊕⊕⊕O MODERATE	CRITICAL

Leaving treatment early											
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	2/20 (10%)	0%	RR 2.00 (0.2 to 20.33)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Leaving treatment early due to side effects											
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	2/20 (10%)	0%	RR 5.00 (0.26 to 98)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Clinician-rated mean depression scores at 24 weeks (Better indicated by lower values)											
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	12	11	-	SMD 0.15 higher (0.67 lower to 0.97 higher)	⊕⊕OO LOW	CRITICAL
Clinician-rated mean depression scores at 34-36 weeks (Better indicated by lower values)											
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	56	57	-	SMD 0.38 lower (0.75 to 0.01 lower)	⊕⊕⊕⊕ HIGH	CRITICAL

Self-rated mean depression scores at 34 weeks (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[4]	none	43	43	-	SMD 0.24 lower (0.67 lower to 0.18 higher)	⊕⊕⊕O MODERATE	CRITICAL

[1] Heterogeneity >80%
[2] Heterogeneity >50%
[3] Single small study and inconclusive effect size
[4] Inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Individual physical activity (supervised aerobic)	No physical activity control	Relative (95% CI)	Absolute		
Clinician-rated mean depression scores at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	17	13	-	SMD 1.16 lower (1.94 to 0.37 lower)	⊕⊕⊕O MODERATE	

Self-rated mean depression scores at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	17	13	-	SMD 0.87 lower (1.54 to 0.2 lower)	⊕⊕⊕O MODERATE	

[1] Single small study

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Individual physical activity (unsupervised non-aerobic)	No physical activity control	Relative (95% CI)	Absolute		
Self-rated mean depression scores at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1,2]	none	11	15	-	SMD 0.42 higher (0.37 lower to 1.21 higher)	⊕⊕OO LOW	
Self-rated mean depression scores at follow up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1,2]	none	11	15	-	SMD 0.10 higher (0.6 lower to	⊕⊕OO LOW	

										0.8 higher)		

[1] Single small study

[2] Inconclusive effect size

HIGH-INTENSITY INTERVENTIONS

Cognitive behavioural therapies

Is CBT effective compared with waitlist control?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CBT	Waitlist control	Relative (95% CI)	Absolute		
Depression scores: continuous measures at endpoint (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	54	0	-	SMD 0.89 lower (1.45 to 0.33 lower)	⊕⊕⊕⊕ HIGH	CRITICAL
Depression scores (dichotomous outcomes): self-report												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	7/12 (58.3%)	0%	RR 0.70 (0.41 to 1.2)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Depression scores (dichotomous outcomes): clinician-rated												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	5/12 (41.7%)	0%	RR 0.45 (0.23 to 0.91)	0 fewer per 1000 (from 0 fewer to 0 fewer)	⊕⊕OO LOW	CRITICAL

[1] Single study; inconclusive effect size

Is CBT effective compared with placebo?

Quality assessment							Summary of findings					Importance
							N.o of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CBT	Placebo	Relative (95% CI)	Absolute		
Leaving study early												
2	randomised trials	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	24/95 (25.3%)	0%	RR 0.44 (0.12 to 1.61)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
Depression scores: continuous measures: self-rated (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	59	62	-	SMD 0.15 lower (0.51 lower to 0.21 higher)	⊕⊕OO LOW	CRITICAL
Depression scores: continuous measures: clinician-rated (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	59	62	-	SMD 0.32 lower (0.68 lower to 0.04 higher)	⊕⊕OO LOW	CRITICAL

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

[1] Heterogeneity >50

[2] Single study; inconclusive effect size

Is CBT effective compared with non-directive psychotherapies?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	**Design**	**Limitations**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**CBT**	**Non-directive psychotherapies**	**Relative (95% CI)**	**Absolute**		
Leaving study early												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	5/36 (13.9%)	0%	RR 0.46 (0.17 to 1.23)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕⊕ HIGH	CRITICAL

Depression scores: continuous measures: self-report (Better indicated by lower values)												
4	randomised trials	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	47	40	-	SMD 0.19 lower (0.86 lower to 0.49 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depression scores: continuous measures: self-report (BDI 8 sessions) (Better indicated by lower values)												
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	29	30	-	SMD 0.20 lower (0.72 lower to 0.31 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Depression scores: dichotomous outcomes												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	12/36 (33.3%)	0%	RR 0.59 (0.34 to 1.03)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Depression scores: continuous measures at follow-up (6 months) (follow-up mean 6 months; Better indicated by lower values)												
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	30	26	-	SMD 0.13 lower (0.67 lower to	⊕⊕⊕⊕ HIGH	CRITICAL

										0.4 higher)		
Depression scores: continuous measures at follow-up (1 year) (follow-up mean 1 years; Better indicated by lower values)												
3	randomised trials	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	25	25	-	SMD 0.22 higher (0.79 lower to 1.22 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depression scores: dichotomous measures at follow-up (3 months) (follow-up mean 3 months)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	17/36 (47.2%)	0%	RR 0.75 (0.48 to 1.16)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL

[1] Heterogeneity > 50%

[2] Single study; inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CBT (primary care)	GP care	Relative (95% CI)	Absolute		
Leaving study early												
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	29/100 (29%)	0%	RR 0 (0 to 0)	0 fewer per 1000 (from 0 fewer to 0 fewer)	⊕⊕⊕⊕ HIGH	CRITICAL
Depression scores: continuous measures: self-report (Better indicated by lower values)												
2	randomised trials	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	52	68	-	SMD 0.01 higher (0.83 lower to 0.85 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depression scores: continuous measures: clinician-rated (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	47	45	-	SMD 0.33 lower (0.74 lower to 0.08 higher)	⊕⊕⊕⊕ HIGH	CRITICAL

Depression scores: continuous measures: self-report at follow-up (5 months) (follow-up mean 5 months; Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	26	44	-	SMD 0.13 higher (0.36 lower to 0.61 higher)	⊕⊕OO LOW	CRITICAL
Depression scores: continuous measures: clinician-rated at follow-up (5 months) (follow-up mean 5 months; Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	23	35	-	MD 0.31 higher (0.22 lower to 0.84 higher)	⊕⊕OO LOW	CRITICAL

[1] Heterogeneity > 50%

[2] Single study; inconclusive effect size

Is CBT effective compared with antidepressants?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CBT	AD	Relative (95% CI)	Absolute		
Leaving the study early												
14	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	146/686 (21.3%)	0%	RR 0.75 (0.63 to 0.91)	0 fewer per 1000 (from 0 fewer to 0 fewer)	⊕⊕⊕⊕ HIGH	CRITICAL
Relapse at post-treatment												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	4/14 (28.6%)	0%	RR 0.86 (0.27 to 2.71)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Relapse up to 12 months (with continuation treatment) (follow-up mean 12 months)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	2/29 (6.9%)	0%	RR 0.26 (0.06 to 1.21)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕⊕ HIGH	CRITICAL

Relapse up to 12 months (no continuation treatment) (follow-up mean 12 months)												
4	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	12/95 (12.6%)	0%	RR 0.59 (0.3 to 1.14)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕⊕ HIGH	CRITICAL
Relapse at 18 months (no continuation treatment) (follow-up mean 18 months)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	3/15 (20%)	0%	RR 0.40 (0.12 to 1.31)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Relapse at 24 months (no continuation treatment) (follow-up mean 24 months)												
2	randomised trials	no serious limitations	serious[2]	no serious indirectness	no serious imprecision	none	8/22 (36.4%)	0%	RR 0.69 (0.34 to 1.4)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
Relapse at 24 months (with continuation treatment) (follow-up mean 24 months)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	2/7 (28.6%)	0%	RR 0.67 (0.16 to 2.84)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Depression scores: continuous measures at post-treatment: self-report (Better indicated by lower values)												
8	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	246	234	-	SMD 0.06 lower (0.24 lower to 0.12	⊕⊕⊕⊕ HIGH	CRITICAL

										higher)		
Depression scores: continuous measures at post-treatment: clinician-rated (Better indicated by lower values)												
13	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	698	705	-	SMD 0.05 higher (0.06 lower to 0.15 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Depression score: dichotomous measures: clinician-rated												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	35/60 (58.3%)	0%	RR 1.00 (0.77 to 1.3)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Depression scores: dichotomous measures: self-report												
3	randomised trials	no serious limitations	serious[2]	no serious indirectness	no serious imprecision	none	46/94 (48.9%)	0%	RR 0.81 (0.46 to 1.42)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
No. not achieving remission												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	36/60 (60%)	0%	RR 1.11 (0.85 to 1.44)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
HRSD-17>6 & HRSD-24>8 at end of treatment												
5	randomised	no serious	no serious	no serious	no serious	none	283/424	0%	RR 1.00 (0.86 to	0 fewer per 1000 (from 0	⊕⊕⊕⊕	CRITICAL

	trials	limitations	inconsistency	indirectness	imprecision		(66.7%)		1.15)	fewer to 0 more)	HIGH	
50% decrease in BDI scores												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	16/30 (53.3%)	0%	RR 1.45 (0.82 to 2.59)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Depression scores: continuous measures at follow-up (1 month): clinician-rated (follow-up mean 1 months; Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	19	16	-	SMD 0.08 higher (0.59 lower to 0.74 higher)	⊕⊕OO LOW	CRITICAL
Depression scores: continuous measures at follow-up (12 months): clinician-rated (Better indicated by lower values)												
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	73	64	-	SMD 0.50 lower (0.84 to 0.15 lower)	⊕⊕⊕⊕ HIGH	CRITICAL
Depression scores: continuous measures at follow-up (24 months): clinician-rated (follow-up mean 24 months; Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	0	0	-	SMD 0.37 lower (0.98 lower to 0.23 higher)	⊕⊕OO LOW	CRITICAL
Depression scores: continuous measures at follow-up (12 months): self-report (follow-up mean 12 months; Better indicated by lower values)												
3	randomised	no serious	no serious	no serious	no serious	none	70	64	-	SMD 0.41 lower (0.76 to	⊕⊕⊕⊕	CRITICAL

	trials	limitations	inconsistency	indirectness	imprecision					0.07 lower)	HIGH	
Depression scores: continuous measures at follow-up (24 months): self-report (follow-up mean 24 months; Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	22	20	-	SMD 0.40 lower (1.01 lower to 0.22 higher)	⊕⊕OO LOW	CRITICAL
Depression scores: continuous measures (clinican-rated) after 6 months maintenance (follow-up mean 6 months; Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	13	6	-	SMD 0.41 higher (0.57 lower to 1.39 higher)	⊕⊕OO LOW	CRITICAL
Depression scores: continuous measures (self-report) after 6 months maintenance (follow-up mean 6 months; Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	14	6	-	SMD 0.03 higher (0.92 lower to 0.99 higher)	⊕⊕OO LOW	CRITICAL
Depression scores: dichotomous measures (self-report) at follow-up (1 year) (follow-up mean 1 years)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	16/24 (66.7%)	0%	RR 0.76 (0.55 to 1.05)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
By severity: Moderate or moderate/severe: Leaving the study early												
5	randomised	no serious	no serious	no serious	serious[3]	none	80/349	0%	RR 0.83 (0.64 to	0 fewer per 1000 (from 0	⊕⊕⊕O	CRITICAL

	trials	limitations	inconsistency	indirectness			(22.9%)		1.07)	fewer to 0 more)	MODERATE	
By severity: Severe: Leaving the study early												
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	30/110 (27.3%)	0%	RR 1.04 (0.68 to 1.61)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
By severity: Severe/very severe: Leaving the study early												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	15/66 (22.7%)	0%	RR 0.55 (0.32 to 0.94)	0 fewer per 1000 (from 0 fewer to 0 fewer)	⊕⊕⊕⊕ HIGH	CRITICAL
By severity: Moderate or moderate/severe: Depression scores: continuous measures (self-report) (Better indicated by lower values)												
4	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	108	121	-	SMD 0.07 lower (0.33 lower to 0.2 higher)	⊕⊕⊕O MODERATE	CRITICAL
By severity: Severe: Depression scores: continuous measures (self-report) (Better indicated by lower values)												
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	101	96	-	SMD 0.03 lower (0.38 lower to 0.31 higher)	⊕⊕⊕O MODERATE	CRITICAL

By severity: Severe/very severe: Depression scores: continuous measures (self-report) (Better indicated by lower values)												
3	randomised trials	no serious limitations	serious[2]	no serious indirectness	serious[3]	none	75	83	-	SMD 0.06 higher (0.42 lower to 0.53 higher)	⊕⊕OO LOW	CRITICAL
By severity: Moderate or moderate/severe: Depression scores: continuous measures (clinician-report) (Better indicated by lower values)												
7	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	451	459	-	SMD 0.04 higher (0.09 lower to 0.17 higher)	⊕⊕⊕O MODERATE	CRITICAL
By severity: Severe: Depression scores: continuous measures (clinician-rated) (Better indicated by lower values)												
4	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	151	196	-	SMD 0.02 higher (0.2 lower to 0.24 higher)	⊕⊕⊕O MODERATE	CRITICAL
By severity: Severe/very severe: continuous measures (clinician-rated) (Better indicated by lower values)												
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	76	84	-	SMD 0.90 lower (0.4 lower to 0.23 higher)	⊕⊕⊕O MODERATE	CRITICAL
By severity: Moderate or moderate/severe: continuous measures at 16-week follow-up (self-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	very serious[1]	no serious indirectness	no serious imprecision	none	17	22	-	SMD 0.25 higher (0.38 lower to 0.89	⊕⊕OO LOW	CRITICAL

										higher)		
By severity: Moderate or moderate/severe: continuous measures at 16-week follow-up (clinician-rated) (Better indicated by lower values)												
1	randomised trials	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	16	22	-	SMD 0.26 lower (0.9 lower to 0.39 higher)	⊕⊕⊕O MODERATE	CRITICAL
By severity: Severe and severe/very severe: continuous measures at 16-week follow-up (self-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	very serious[1]	no serious indirectness	no serious imprecision	none	18	27	-	SMD 0.23 higher (0.37 lower to 0.83 higher)	⊕⊕OO LOW	CRITICAL
By severity: Severe and severe/very severe: continuous measures at 16-week follow-up (clinician-rated) (Better indicated by lower values)												
1	randomised trials	no serious limitations	very serious[1]	no serious indirectness	no serious imprecision	none	18	27	-	SMD 0.23 higher (0.05 lower to 0.57 higher)	⊕⊕OO LOW	CRITICAL
By severity: Moderate or moderate/severe: dichotomous outcomes (self-report)												
2	randomised trials	no serious limitations	serious[3]	no serious indirectness	very serious[4]	none	16/35 (45.7%)	0%	RR 0.50 (0.11 to 2.3)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕OOO VERY LOW	CRITICAL
By severity: Severe: dichotomous outcomes (self-report)												
1	randomised	no serious	very serious[1]	no serious	no serious	none	30/59	0%	RR 1.07 (0.74 to	0 more per 1000 (from 0	⊕⊕OO	

	trials	limitations		indirectness	imprecision		(50.8%)		1.56)	fewer to 0 more)	LOW	
By severity: Moderate or moderate/severe: dichotomous (clinician-rated)												
4	randomised trials	no serious limitations	serious[3]	no serious indirectness	serious[2]	none	231/353 (65.4%)	0%	RR 0.94 (0.71 to 1.24)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
By severity: Severe: dichotomous (clinician-rated)												
2	randomised trials	no serious limitations	serious[3]	no serious indirectness	no serious imprecision	none	53/82 (64.6%)	0%	RR 1.02 (0.81 to 1.29)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
By severity: Moderate: Relapse post-treatment												
1	randomised trials	no serious limitations	very serious[1]	no serious indirectness	no serious imprecision	none	4/14 (28.6%)	0%	RR 0.86 (0.27 to 2.71)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
By severity: Moderate/severe: Relapse up to 12 months												
2	randomised trials	no serious limitations	serious[3]	no serious indirectness	no serious imprecision	none	9/46 (19.6%)	0%	RR 0.66 (0.28 to 1.56)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL

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

										more)		
By severity: Less severe: No. not achieving remission (self-report)												
1	randomised trials	no serious limitations	serious[5]	no serious indirectness	no serious imprecision	none	28/45 (62.2%)	0%	RR 1.64 (1.17 to 2.3)	0 more per 1000 (from 0 more to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
By severity: Less severe: No. not achieving remission (clinician-rated)												
1	randomised trials	no serious limitations	serious[5]	no serious indirectness	no serious imprecision	none	29/45 (64.4%)	0%	RR 2.15 (1.48 to 3.11)	0 more per 1000 (from 0 more to 0 more)	⊕⊕⊕O MODERATE	CRITICAL

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

Is CBT + antidepressants effective compared with antidepressants?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CBT + AD	AD	Relative (95% CI)	Absolute		
Leaving study early												
8	randomised trials	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	102/416 (24.5%)	0%	RR 0.81 (0.65 to 1.01)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
Relapse at 6 months (with continuation treatment)												
1	randomised trials	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	0/16 (0%)	0%	RR 0.09 (0.01 to 1.62)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Relapse at 12 months (no continuation treatment)												
1	randomised trials	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	4/16 (25%)	0%	RR 0.63 (0.2 to 1.95)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL

Relapse at 18 months (no continuation treatment)												
1	randomised trials	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	2/10 (20%)	0%	RR 0.40 (0.1 to 1.6)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Relapse at 24 months (no continuation treatment)												
1	randomised trials	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	4/16 (25%)	0%	RR 0.50 (0.17 to 1.43)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Relapse at 6 months (no continuation treatment)												
1	randomised trials	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	6/22 (27.3%)	0%	RR 1.09 (0.41 to 2.89)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Relapse at 6 years (no continuation treatment)												
1	randomised trials	no serious limitations	serious[3]	no serious indirectness	no serious imprecision	none	8/20 (40%)	0%	RR 0.44 (0.25 to 0.78)	0 fewer per 1000 (from 0 fewer to 0 fewer)	⊕⊕⊕O MODERATE	CRITICAL
Depression scores: continuous measures post-treatment (self-report) (Better indicated by lower values)												
6	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	142	135	-	SMD 0.38 lower (0.62 to 0.14 lower)	⊕⊕⊕⊕ HIGH	CRITICAL

Depression scores: continuous measures post-treatment (clinician-report) (Better indicated by lower values)												
7	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	368	356	-	SMD 0.46 lower (0.61 to 0.31 lower)	⊕⊕⊕⊕ HIGH	
Depression scores: dichotomous measures post-treatment (clinician-report)												
4	randomised trials	no serious limitations	serious[1]	no serious indirectness	serious[4]	none	171/322 (53.1%)	0%	RR 0.76 (0.55 to 1.03)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Depression scores: dichotomous measures post-treatment (self-report)												
3	randomised trials	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	43/95 (45.3%)	0%	RR 0.88 (0.65 to 1.18)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
Depression scores: dichotomous measures post-treatment (self-report: 50% increase BDI)												
1	randomised trials	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	18/30 (60%)	0%	RR 1.53 (0.89 to 2.63)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Depression scores: continuous measures at 6 months' maintenance (self-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	9	6	-	SMD 0.35 higher (0.69 lower to 1.4 higher)	⊕⊕OO LOW	CRITICAL

Depression scores: continuous measures at 6 months' maintenance (clinician-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	10	6	-	SMD 0.50 higher (0.53 lower to 1.53 higher)	⊕⊕OO LOW	CRITICAL
Depression scores: continuous measures at 1 year follow-up (self-report) (Better indicated by lower values)												
2	randomised trials	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	48	44	-	SMD 0.29 lower (0.7 lower to 0.12 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depression scores: continuous measures at 1-month follow-up (clinician-rated) (Better indicated by lower values)												
3	randomised trials	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	66	60	-	SMD 0.29 lower (0.64 lower to 0.07 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depression scores: continuous measures at 1-month follow-up (self-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	18	16	-	SMD 0.33 lower (1.01 lower to 0.35 higher)	⊕⊕OO LOW	CRITICAL
By severity: Moderate and moderate/severe: Leaving the study early												
4	randomised trials	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	72/315 (22.9%)	0%	RR 0.81 (0.62 to 1.07)	0 fewer per 1000 (from 0 fewer to 0	⊕⊕⊕O MODERATE	CRITICAL

										more)		
By severity: Severe: Leaving the study early												
1	randomised trials	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	8/24 (33.3%)	0%	RR 1.33 (0.55 to 3.26)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
By severity: severe/very Severe: Leaving the study early												
3	randomised trials	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	22/77 (28.6%)	0%	RR 0.69 (0.45 to 1.07)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
By severity: Moderate and moderate/severe: Depression scores continuous measures post-treatment (self-report) (Better indicated by lower values)												
2	randomised trials	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	58	57	-	SMD 0.32 lower (0.68 lower to 0.05 higher)	⊕⊕⊕O MODERATE	CRITICAL
By severity: Severe: Depression scores continuous measures post-treatment (self-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	18	16	-	SMD 0.46 lower (1.14 lower to 0.22 higher)	⊕⊕OO LOW	CRITICAL
By severity: Severe/very severe: Depression scores continuous measures post-treatment (self-report) (Better indicated by lower values)												
3	randomised	no serious	no serious	no serious	no serious	none	66	62	-	SMD 0.42 lower (0.78 to	⊕⊕⊕⊕	CRITICAL

	trials	limitations	inconsistency	indirectness	imprecision					0.07 lower)	HIGH	
By severity: Moderate and moderate/severe: Depression scores continuous measures post-treatment (clinician-rated) (Better indicated by lower values)												
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	284	277	-	SMD 0.50 lower (0.67 to 0.33 lower)	⊕⊕⊕⊕ HIGH	CRITICAL
By severity: Severe: Depression scores continuous measures post-treatment (clinician-rated) (Better indicated by lower values)												
1	randomised trials	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	18	16	-	SMD 0.48 lower (1.17 lower to 0.2 higher)	⊕⊕OO LOW	CRITICAL
By severity: Severe/very severe: Depression scores continuous measures post-treatment (clinician-rated) (Better indicated by lower values)												
3	randomised trials	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	66	63	-	SMD 0.28 lower (0.63 lower to 0.07 higher)	⊕⊕⊕O MODERATE	CRITICAL
By severity: Moderate and moderate/severe: Depression scores dichotomous measures post-treatment (self-report)												
1	randomised trials	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	8/22 (36.4%)	0%	RR 0.58 (0.31 to 1.1)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
By severity: Severe: Depression scores dichotomous measures (self-report)												
1	randomised trials	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	30/59 (50.8%)	0%	RR 1.07 (0.74 to	0 more per 1000 (from 0 fewer to 0	⊕⊕OO LOW	CRITICAL

									1.56)	more)		
By severity: Severe/very severe: Depression scores dichotomous measures (self-report)												
1	randomised trials	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	5/14 (35.7%)	0%	RR 0.71 (0.3 to 1.72)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
By severity: Moderate and moderate/severe: Depression scores dichotomous measures post-treatment (clinician-rated)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	128/249 (51.4%)	0%	RR 0.71 (0.62 to 0.82)	0 fewer per 1000 (from 0 fewer to 0 fewer)	⊕⊕⊕⊕ HIGH	CRITICAL
By severity: Severe: Depression scores dichotomous measures post-treatment (clinician-rated)												
1	randomised trials	no serious limitations	very serious[2]	no serious indirectness	no serious imprecision	none	38/59 (64.4%)	0%	RR 1.11 (0.83 to 1.49)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
By severity: severe/very Severe: Depression scores dichotomous measures post-treatment (clinician-rated)												
1	randomised trials	no serious limitations	serious[3]	no serious indirectness	no serious imprecision	none	5/14 (35.7%)	0%	RR 0.47 (0.22 to 0.99)	0 fewer per 1000 (from 0 fewer to 0 fewer)	⊕⊕⊕O MODERATE	CRITICAL

[1] Inconclusive effect size

[2] Single study; inconclusive effect size

[3] Single study

[4] Heterogeneity >50%

Is CBT + antidepressants effective compared with CBT?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CBT + AD	CBT	Relative (95% CI)	Absolute		
Leaving study early												
5	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	85/355 (23.9%)	85/355 (23.9%) 0%	RR 1.00 (0.77 to 1.3)	0 fewer per 1000 (from 55 fewer to 72 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
Relapse at 6 months (with continuation treatment)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	0/16 (0%)	1/15 (6.7%) 0%	RR 0.31 (0.01 to 7.15)	46 fewer per 1000 (from 66 fewer to 410 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Relapse at 12 months (no continuation treatment)												
1	randomised	no serious	no serious	no serious	very	none	4/16	3/15	RR 1.25 (0.33 to	50 more per 1000 (from	⊕⊕OO	CRITICAL

	trials	limitations	inconsistency	indirectness	serious[2]		(25%)	(20%) 0%	4.68)	134 fewer to 736 more) 0 more per 1000 (from 0 fewer to 0 more)	LOW	
Relapse at 18 months (no continuation treatment)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	2/16 (12.5%)	3/15 (20%) 0%	RR 0.63 (0.12 to 3.24)	74 fewer per 1000 (from 176 fewer to 448 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Relapse at 24 months (no continuation treatment)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	4/16 (25%)	3/15 (20%) 0%	RR 1.25 (0.33 to 4.68)	50 more per 1000 (from 134 fewer to 736 more) 0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Depression scores: continuous measures post-treatment (self-report) (Better indicated by lower values)												
4	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	110	109	-	SMD 0.17 lower (0.44 lower to 0.1	⊕⊕⊕O MODERATE	CRITICAL

										higher)		
Depression scores: continuous measures post-treatment (clinician-report) (Better indicated by lower values)												
4	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	110	110	-	SMD 0.05 lower (0.31 lower to 0.22 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depression scores: continuous measures at 1-month follow-up (self-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	18	19	-	SMD 0.29 lower (0.94 lower to 0.36 higher)	⊕⊕OO LOW	CRITICAL
Depression scores: continuous measures at 1-month follow-up (clinician-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	18	19	-	SMD 0.08 lower (0.72 lower to 0.57 higher)	⊕⊕OO LOW	CRITICAL
Depression scores: continuous measures at 6 months' maintenance (self-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	9	14	-	SMD 0.35 higher (0.49 lower to 1.2 higher)	⊕⊕OO LOW	CRITICAL
Depression scores: continuous measures at 6 months' maintenance (clinician-report) (Better indicated by lower values)												
1	randomised	no serious	no serious	no serious	very	none	10	13	-	SMD 0.04 lower (0.87	⊕⊕OO	CRITICAL

	trials	limitations	inconsistency	indirectness	serious[2]					lower to 0.78 higher)	LOW	
Depression scores: continuous measures at 1-year follow-up (self-report) (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	48	48	-	SMD 0.14 higher (0.26 lower to 0.54 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depression scores: continuous measures at 1-year follow-up (clinician-report) (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	48	50	-	SMD 0.14 higher (0.26 lower to 0.53 higher)	⊕⊕⊕O MODERATE	CRITICAL
By severity: Moderate and moderate/severe: leaving study early												
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	68/293 (23.2%)	70/289 (24.2%) 0%	RR 0.95 (0.71 to 1.28)	12 fewer per 1000 (from 70 fewer to 68 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
By severity: Severe/very severe: Leaving study early												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	17/62 (27.4%)	15/66 (22.7%)	RR 1.20 (0.66 to	45 more per 1000 (from 77 fewer to	⊕⊕⊕O MODERATE	CRITICAL

									2.19)	270 more)		
								0%		0 more per 1000 (from 0 fewer to 0 more)		
By severity: Moderate and moderate/severe: Depression scores: continuous measures post-treatment (self-report) (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	58	55	-	SMD 0.08 lower (0.45 lower to 0.29 higher)	⊕⊕⊕O MODERATE	CRITICAL
By severity: Severe/very severe: Depression scores: continuous measures post-treatment (self-report) (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	52	54	-	SMD 0.27 lower (0.65 lower to 0.11 higher)	⊕⊕⊕O MODERATE	CRITICAL
By severity: Moderate and moderate/severe: Depression scores: continuous measures post-treatment (clinician-report) (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	58	55	-	SMD 0.01 lower (0.38 lower to 0.36 higher)	⊕⊕⊕O MODERATE	CRITICAL
By severity: Severe/very severe: Depression scores: continuous measures post-treatment (clinician-report) (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	52	55	-	SMD 0.09 lower (0.47 lower to 0.29 higher)	⊕⊕⊕O MODERATE	CRITICAL

By severity: Moderate: Relapse at 6 months (with continuation treatment)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	0/16 (0%)	1/15 (6.7%) 0%	RR 0.31 (0.01 to 7.15)	46 fewer per 1000 (from 66 fewer to 410 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
By severity: Moderate: Relapse at 12 months (no continuation treatment)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	4/16 (25%)	3/15 (20%) 0%	RR 1.25 (0.33 to 4.68)	50 more per 1000 (from 134 fewer to 736 more) 0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
By severity: Moderate: Relapse at 18 months (no continuation treatment)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	2/16 (12.5%)	3/15 (20%) 0%	RR 0.63 (0.12 to 3.24)	74 fewer per 1000 (from 176 fewer to 448 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
By severity: Moderate: Relapse at 24 months (no continuation treatment)												

1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	4/16 (25%)	3/15 (20%) 0%	RR 1.25 (0.33 to 4.68)	50 more per 1000 (from 134 fewer to 736 more) 0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
By severity: Moderate: Depression scores: continuous measures at 1-month follow-up (self-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	18	19	-	SMD 0.29 lower (0.94 lower to 0.36 higher)	⊕⊕OO LOW	CRITICAL
By severity: Moderate: Depression scores: continuous measures at 1-month follow-up (clinician-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	18	19	-	SMD 0.08 lower (0.72 lower to 0.57 higher)	⊕⊕OO LOW	CRITICAL
By severity: Moderate/severe: Depression scores: continuous measures at 6 months' maintenance (self-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	9	14	-	SMD 0.35 higher (0.49 lower to 1.2 higher)	⊕⊕OO LOW	CRITICAL
By severity: Moderate/severe: Depression scores: continuous measures at 6 months' maintenance (clinician-report) (Better indicated by lower values)												
1	randomised	no serious	no serious	no serious	very	none	10	13	-	SMD 0.04 lower (0.87	⊕⊕OO	CRITICAL

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

[1] Inconclusive effect size

[2] Single study, inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect			
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CBT (for insomnia) + AD	Non-directive interventions (quasi-desens for insomnia) + AD	Relative (95% CI)	Absolute	Quality	
Leaving study early												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	5/15 (33.3%)	3/15 (20%)	RR 1.67 (0.48 to 5.76)	134 more per 1000 (from 104 fewer to 952 more)	⊕⊕OO LOW	CRITICAL
								0%		0 more per 1000 (from 0 fewer to 0 more)		
Depression scores: continuous measures post-treatment (clinician-reported) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	15	15	-	SMD 0.39 lower (1.11 lower to 0.33 higher)	⊕⊕OO LOW	CRITICAL

[1] Single study, inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CBT	TAU/AD	Relative (95% CI)	Absolute		
Leaving study for any reason												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	8/52 (15.4%)	15/56 (26.8%)	RR 0.57 (0.27 to 1.21)	115 fewer per 1000 (from 196 fewer to 56 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		
Depression scores: continuous measures post-treatment (self-report) (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	52	56	-	SMD 0.31 lower (0.69 lower to 0.07 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depression scores: continuous measures post-treatment (clinician-report) (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	52	56	-	SMD 0.41 lower (0.79 to 0.03	⊕⊕⊕⊕ HIGH	CRITICAL

										lower)		
Depression scores: continuous measures at 3-month follow-up (self-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	21	23	-	SMD 0.44 lower (1.03 lower to 0.16 higher)	⊕⊕OO LOW	CRITICAL
Depression scores: continuous measures at 3-month follow-up (clinician-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	21	23	-	SMD 0.27 lower (0.87 lower to 0.32 higher)	⊕⊕OO LOW	CRITICAL
Depression scores: continuous measures at 6-month follow-up (self-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	21	23	-	SMD 0.42 lower (1.02 lower to 0.18 higher)	⊕⊕OO LOW	CRITICAL
Depression scores: continuous measures at 6-month follow-up (clinician-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	21	23	-	SMD 0.15 lower (0.74 lower to 0.44 higher)	⊕⊕OO LOW	CRITICAL

[1] Inconclusive effect size

[2] Single study, inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CBT + AD	AD	Relative (95% CI)	Absolute		
Leaving study early for any reason												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	12/36 (33.3%)	12/33 (36.4%)	RR 0.92 (0.48 to 1.75)	29 fewer per 1000 (from 189 fewer to 273 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		
Depression scores: continuous measures post-treatment (self-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	36	33	-	SMD 0.36 lower (0.84 lower to 0.12 higher)	⊕⊕OO LOW	CRITICAL
Depression scores: continuous measures post-treatment (clinician-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	36	33	-	SMD 0.45 lower (0.93 lower to 0.03 higher)	⊕⊕OO LOW	CRITICAL

[1] Single study, inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Group CBT + AD	AD	Relative (95% CI)	Absolute		
Leaving study early for any reason												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	4/22 (18.2%)	5/23 (21.7%) 0%	RR 0.84 (0.26 to 2.72)	35 fewer per 1000 (from 161 fewer to 374 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Depression scores: Recurrence (MADRS >=10) at 6 months												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	1/18 (5.6%)	4/19 (21.1%) 0%	RR 0.26 (0.03 to 2.14)	156 fewer per 1000 (from 204 fewer to 240 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL

Depression scores: Recurrence (MADRS >=10) at 12 months												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious	none	5/18 (27.8%)	8/18 (44.4%) 0%	RR 0.63 (0.25 to 1.55)	164 fewer per 1000 (from 333 fewer to 244 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Depression scores: BDI >=12 at 6 months												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	8/18 (44.4%)	5/19 (26.3%) 0%	RR 1.69 (0.68 to 4.21)	182 more per 1000 (from 84 fewer to 845 more) 0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Depression scores: BDI >=12 at 12 months												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	7/18 (38.9%)	5/18 (27.8%) 0%	RR 1.40 (0.54 to 3.6)	111 more per 1000 (from 128 fewer to 722 more) 0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL

[1] Single study, inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Relapse prevention: CBT	Placebo + clinical management	Relative (95% CI)	Absolute		
Leaving study early												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	16/97 (16.5%)	6/90 (6.7%)	RR 2.47 (1.01 to 6.05)	98 more per 1000 (from 1 more to 337 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%		0 more per 1000 (from 0 more to 0 more)		
Relapse												
3	randomised trials	no serious limitations	serious[2]	no serious indirectness	serious[3]	none	61/187 (32.6%)	75/175 (42.9%)	RR 0.69 (0.42 to 1.12)	133 fewer per 1000 (from 249 fewer to	⊕⊕OO LOW	CRITICAL

										51 more)		
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		
Remission (68 weeks)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[4]	none	42/70 (60%)	30/65 (46.2%)	RR 1.30 (0.94 to 1.8)	138 more per 1000 (from 28 fewer to 369 more)	⊕⊕OO LOW	CRITICAL
								0%		0 more per 1000 (from 0 fewer to 0 more)		
Depression scores: continuous outcomes in patients with 5 or more previous episodes (clinician-reported) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[4]	none	37	34	-	SMD 0.08 lower (0.54 lower to 0.39 higher)	⊕⊕OO LOW	CRITICAL
Depression scores: continuous outcomes in patients with 5 or more previous episodes (self-reported) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[4]	none	51	50	-	SMD 0.18 higher (0.21	⊕⊕OO LOW	CRITICAL

										lower to 0.57 higher)		

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

Is CBT effective compared with antidepressants in relapse prevention?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Relapse prevention: CBT	AD	Relative (95% CI)	Absolute		
Leaving study early												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	3/60 (5%)	5/120 (4.2%)	RR 1.20 (0.3 to 4.85)	8 more per 1000 (from 29 fewer to 160 more)	⊕⊕OO LOW	CRITICAL
								0%		0 more per 1000 (from 0 fewer to 0 more)		
Relapse												
1	randomised	no serious	no serious	no serious	very	none	21/27	0%	RR 0.46 (0.27 to	0 fewer per 1000 (from 0	⊕⊕OO	CRITICAL

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

[1] Single study, inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Relapse prevention: CBT + AD	AD	Relative (95% CI)	Absolute		
Leaving study early												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	23/66 (34.8%)	24/66 (36.4%) 0%	RR 0.96 (0.61 to 1.52)	15 fewer per 1000 (from 142 fewer to 189 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Relapse												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	4/66 (6.1%)	5/66 (7.6%) 0%	RR 0.80 (0.22 to 2.85)	15 fewer per 1000 (from 59 fewer to 140 more) 0 fewer per	⊕⊕OO LOW	CRITICAL

										1000 (from 0 fewer to 0 more)		
Depression scores: continuous outcomes (clinician-reported) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	66	66	-	SMD 0.18 lower (0.52 lower to 0.16 higher)	⊕⊕OO LOW	CRITICAL

[1] Single study, inconclusive effect size

Is CBT effective compared with behavioural activation?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CBT	BA	Relative (95% CI)	Absolute		
Leaving study early												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	7/55 (12.7%)	12/53 (22.6%)	RR 0.56 (0.24 to 1.33)	100 fewer per 1000 (from 172 fewer to 75 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		

By severity: High severity: Depression scores: continuous measures at 8-week endpoint (self-reported) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	21	22	-	SMD 0.34 higher (0.26 lower to 0.95 higher)	⊕⊕OO LOW	CRITICAL
By severity: High severity: Depression scores: continuous measures at 8-week endpoint (clinician-reported) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	21	22	-	SMD 0.03 lower (0.62 lower to 0.57 higher)	⊕⊕OO LOW	CRITICAL
By severity: High severity: Depression scores: continuous measures at 16-week endpoint (self-reported) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	18	16	-	SMD 0.67 higher (0.02 lower to 1.37 higher)	⊕⊕OO LOW	CRITICAL
By severity: High severity: Depression scores: continuous measures at 16-week endpoint (clinician-reported) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	16	18	-	SMD 0.37 lower (1.05 lower to 0.31 higher)	⊕⊕OO LOW	CRITICAL
By severity: Moderate: Depression scores: continuous measures at 8-week endpoint (self-reported) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	17	15	-	SMD 0.23 lower (0.93 lower to 0.47	⊕⊕OO LOW	CRITICAL

										higher)		
By severity: Moderate: Depression scores: continuous measures at 8-week endpoint (clinician-reported) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	17	15	-	SMD 0.36 lower (1.06 lower to 0.34 higher)	⊕⊕OO LOW	CRITICAL
By severity: Moderate: Depression scores: continuous measures at 16-week endpoint (self-reported) (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	67	69	-	SMD 0.06 higher (0.28 lower to 0.4 higher)	⊕⊕⊕O MODERATE	CRITICAL
By severity: Moderate: Depression scores: continuous measures at 16-week endpoint (clinician-reported) (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	64	66	-	SMD 0.08 higher (0.26 lower to 0.43 higher)	⊕⊕⊕O MODERATE	CRITICAL
Relapse at 1 year												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	9/30 (30%)	9/27 (33.3%)	RR 0.90 (0.42 to 1.93)	33 fewer per 1000 (from 193 fewer to 310 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		

Recurrence at 2 years												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	4/17 (23.5%)	3/12 (25%) 0%	RR 0.94 (0.26 to 3.46)	15 fewer per 1000 (from 185 fewer to 615 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Not achieving remission (BDI <=10)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	33/45 (73.3%)	24/43 (55.8%) 0%	RR 1.31 (0.96 to 1.81)	173 more per 1000 (from 22 fewer to 452 more) 0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
not achieving remission (HRSD <=7)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	35/45 (77.8%)	28/43 (65.1%) 0%	RR 1.19 (0.91 to 1.56)	124 more per 1000 (from 59 fewer to 365 more) 0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL

[1] Inconclusive effect size

[2] Single study, inconclusive effect size

Is CBT effective compared with IPT?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CBT	IPT	Relative (95% CI)	Absolute		
Leaving study early												
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	50/202 (24.8%)	40/203 (19.7%) 0%	RR 1.29 (0.91 to 1.85)	57 more per 1000 (from 18 fewer to 167 more) 0 more per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
Depression scores: continuous measures post-treatment (self-report) (Better indicated by lower values)												
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	184	199	-	SMD 0.21 higher (0.01 to 0.41 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Depression scores: continuous measures post-treatment (clinician-report) (Better indicated by lower values)												
4	randomised trials	no serious limitations	serious[2]	no serious indirectness	serious[1]	none	207	223	-	SMD 0.13 higher (0.06 lower to 0.32 higher)	⊕⊕OO LOW	CRITICAL

Depression scores: continuous measures at 5 to 6-month follow-up (self-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	26	44	-	SMD 0.13 higher (0.36 lower to 0.61 higher)	⊕⊕OO LOW	CRITICAL
Depression scores: continuous measures at 5 to 6-month follow-up (clinician-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	23	35	-	SMD 0.31 higher (0.22 lower to 0.84 higher)	⊕⊕OO LOW	CRITICAL
Depression scores: dichotomous outcomes (BDI>9) post-treatment												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	0/0 (0%)	0%	RR 0 (0 to 0)	0 fewer per 1000 (from 0 fewer to 0 fewer)	⊕⊕OO LOW	CRITICAL
Depression scores: Dichotomous outcomes (HRSD>6) post treatment												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	38/59 (64.4%)	35/61 (57.4%)	RR 1.12 (0.84 to 1.5)	69 more per 1000 (from 92 fewer to 287 more)	⊕⊕OO LOW	CRITICAL
								0%		0 more per 1000 (from 0 fewer to 0 more)		

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

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CBT	REBT	Relative (95% CI)	Absolute		
Leaving study early												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	6/56 (10.7%)	5/57 (8.8%) 0%	RR 1.22 (0.4 to 3.77)	19 more per 1000 (from 53 fewer to 243 more) 0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Relapse at 6-month follow-up (no continuation treatment)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	3/49 (6.1%)	1/48 (2.1%) 0%	RR 2.94 (0.32 to 27.27)	40 more per 1000 (from 14 fewer to 547 more) 0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL

Depression scores: continuous measures post-treatment (self-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	56	57	-	SMD 0.00 higher (0.37 lower to 0.37 higher)	⊕⊕OO LOW	CRITICAL
Depression scores: continuous measures post-treatment (clinician-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	56	57	-	SMD 0.03 lower (0.4 lower to 0.34 higher)	⊕⊕OO LOW	CRITICAL
Depression scores: continuous measures at 5 to 6-month follow-up (self-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	56	57	-	SMD 0.06 higher (0.31 lower to 0.43 higher)	⊕⊕OO LOW	CRITICAL
Depression scores: continuous measures at 5 to 6-month follow-up (clinician-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	56	57	-	SMD 0.03 higher (0.34 lower to 0.4 higher)	⊕⊕OO LOW	CRITICAL

[1] Single study, inconclusive effect size

Is CBT effective compared with integrative CBT?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	CBT	Integrative CBT	Relative (95% CI)	Absolute		
Leaving study early												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	3/11 (27.3%)	0/11 (0%)	RR 7.00 (0.4 to 121.39)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
								0%		0 more per 1000 (from 0 fewer to 0 more)		
Depression scores: continuous measures post-treatment (self-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	11	11	-	SMD 0.30 lower (1.14 lower to 0.54 higher)	⊕⊕OO LOW	CRITICAL

[1] Single study, inconclusive effect size

Is group CBT effective compared with other group therapies?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Group CBT	Other group therapies	Relative (95% CI)	Absolute		
Leaving study early												
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	22/83 (26.5%)	22/75 (29.3%) 0%	RR 0.94 (0.57 to 1.53)	18 fewer per 1000 (from 126 fewer to 155 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
Depression scores: continuous measures post-treatment (self-report) (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	39	44	-	SMD 0.17 lower (0.61 lower to 0.26 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depression scores: continuous measures post-treatment (clinician-report) (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	39	44	-	SMD 0.12 lower (0.55 lower to	⊕⊕⊕O MODERATE	CRITICAL

										0.31 higher)		
Depression scores: dichotomous outcomes (BDI>9) post-treatment (self-report)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	30/59 (50.8%)	43/52 (82.7%) 0%	RR 0.60 (0.46 to 0.79)	331 fewer per 1000 (from 174 fewer to 447 fewer) 0 fewer per 1000 (from 0 fewer to 0 fewer)	⊕⊕⊕⊕ HIGH	CRITICAL
Depression scores: dichotomous outcomes (HSRD>11) post-treatment (clinician-report)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	11/27 (40.7%)	9/28 (32.1%) 0%	RR 1.27 (0.63 to 2.56)	87 more per 1000 (from 119 fewer to 501 more) 0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Depression scores: continuous measures at 3-month follow-up (self-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	21	22	-	SMD 0.14 higher (0.46 lower to 0.74 higher)	⊕⊕OO LOW	CRITICAL
Depression scores: continuous measures at 3-month follow-up (clinician-report) (Better indicated by lower values)												

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

[1] Inconclusive effect size

[2] Single study, inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Group CBT-mindfulness + GP care	GP care	Relative (95% CI)	Absolute		
Leaving study early												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	19/113 (16.8%)	0/107 (0%)	RR 19.11 (2.58 to 141.35)	0 more per 1000 (from 0 more to 0 more)	⊕⊕⊕⊕ HIGH	CRITICAL
								0%		0 more per 1000 (from 0 more to 0 more)		
Relapse												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	51/113 (45.1%)	65/107 (60.7%)	RR 0.74 (0.57 to	158 fewer per 1000 (from 24	⊕⊕⊕⊕ HIGH	CRITICAL

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

Is group CBT – mindfulness effective compared with waitlist control?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Group CBT-mindfulness	Waitlist control	Relative (95% CI)	Absolute		
Depression scores: continuous measures at 1-month follow-up (self-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	19	23	-	SMD 0.36 lower (0.98 lower to 0.25 higher)	⊕⊕OO LOW	CRITICAL

[1] No explanation was provided

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Relapse prevention: Group CBT - mindfulness	AD	Relative (95% CI)	Absolute		
Leaving study early												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	2/61 (3.3%)	6/62 (9.7%)	RR 0.34 (0.07 to 1.61)	64 fewer per 1000 (from 90 fewer to 59 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		
Depression scores: continuous measures 1-month post-treatment (clinician-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	61	62	-	SMD 0.31 lower (0.66 lower to 0.05 higher)	⊕⊕OO LOW	CRITICAL
Depression scores: continuous measures 1-month post-treatment (self-report) (Better indicated by lower values)												
1	randomised	no serious	no serious	no serious	serious[2]	none	61	62	-	SMD 0.37 lower (0.72	⊕⊕⊕O	CRITICAL

	trials	limitations	inconsistency	indirectness						to 0.01 lower)	MODERATE	
Depression scores: continuous measures 15-month follow-up (clinician-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	61	62	-	SMD 0.23 lower (0.59 lower to 0.12 higher)	⊕⊕OO LOW	CRITICAL
Depression scores: continuous measures 15-month follow-up (self-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	61	62	-	SMD 0.34 lower (0.69 lower to 0.02 higher)	⊕⊕OO LOW	CRITICAL

[1] Single study, inconclusive effect size

[2] Single study

Behavioural activation

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

Quality assessment							Summary of findings					
							No. of patients		Effect		Quality	Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	BA	Supportive psychotherapy	Relative (95% CI)	Absolute		
Leaving study early												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	2/40 (5%)	11/37 (29.7%)	RR 0.17 (0.04 to 0.71)	247 fewer per 1000 (from 86 fewer to 285 fewer)	⊕⊕⊕O MODERATE	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 fewer)		
Depression self-reported measures at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	10	15	-	SMD 0.69 lower (1.52 lower to 0.14 higher)	⊕⊕OO LOW	CRITICAL

[1] Single study

[2] Single study, inconclusive effect size

Is behavioural activation effective compared with antidepressants?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	BA	AD	Relative (95% CI)	Absolute		
Leaving study early												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	4/43 (9.3%)	30/100 (30%) 0%	RR 0.31 (0.12 to 0.83)	207 fewer per 1000 (from 51 fewer to 264 fewer) 0 fewer per 1000 (from 0 fewer to 0 fewer)	⊕⊕⊕O MODERATE	CRITICAL
Depression self-reported measures (moderate severity) at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	15	28	-	SMD 0.15 higher (0.47 lower to 0.78 higher)	⊕⊕OO LOW	CRITICAL
Depression self-reported measures (high severity) at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	22	38	-	SMD 0.24 higher (0.29 lower to 0.76 higher)	⊕⊕OO LOW	CRITICAL

Depression clinician-reported measures (moderate severity) at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	15	28	-	SMD 0.14 higher (0.49 lower to 0.77 higher)	⊕⊕OO LOW	CRITICAL
Depression clinician-reported measures (high severity) at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	22	38	-	SMD 0.04 lower (0.56 lower to 0.49 higher)	⊕⊕OO LOW	CRITICAL
Relapse at 1-year follow-up												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	9/27 (33.3%)	9/28 (32.1%)	RR 1.04 (0.49 to 2.21)	13 more per 1000 (from 164 fewer to 389 more)	⊕⊕OO LOW	CRITICAL
								0%		0 more per 1000 (from 0 fewer to 0 more)		
Recurrence at 2 years												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	3/12 (25%)	9/17 (52.9%)	RR 0.47 (0.16 to 1.39)	281 fewer per 1000 (from 445 fewer to 206 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0		

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

[1] Single study

[2] Single study, inconclusive effect size

Problem solving

Is problem solving effective compared with placebo?

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

Depression clinician-reported measures at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	29	26	-	SMD 0.66 lower (1.21 to 0.12 lower)	⊕⊕⊕O MODERATE	CRITICAL
Depression clinician-reported measures HRSD >7 at endpoint												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	12/30 (40%)	22/30 (73.3%) 0%	RR 0.55 (0.33 to 0.89)	330 fewer per 1000 (from 81 fewer to 491 fewer) 0 fewer per 1000 (from 0 fewer to 0 fewer)	⊕⊕⊕O MODERATE	CRITICAL
Depression self-reported measures at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	29	26	-	SMD 0.69 lower (1.24 to 0.14 lower)	⊕⊕⊕O MODERATE	CRITICAL
Depression self-reported measures BDI >8 at endpoint												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	13/30 (43.3%)	21/30 (70%)	RR 0.62 (0.39 to 0.99)	266 fewer per 1000 (from 7 fewer to 427 fewer)	⊕⊕⊕O MODERATE	CRITICAL

								0%		0 fewer per 1000 (from 0 fewer to 0 fewer)		
Diagnosis of depression 6 months after treatment												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	70/128 (54.7%)	77/117 (65.8%)	RR 0.83 (0.68 to 1.02)	112 fewer per 1000 (from 211 fewer to 13 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		
Diagnosis of depression 12 months after treatment												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	73/128 (57%)	68/117 (58.1%)	RR 0.98 (0.79 to 1.22)	12 fewer per 1000 (from 122 fewer to 128 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		

[1] Single study

[2] Single study, inconclusive effect size

Is problem solving effective compared with antidepressants?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Problem solving	AD	Relative (95% CI)	Absolute		
Leaving study early for any reason												
2	randomised trials	no serious limitations	serious[1]	no serious indirectness	serious[2]	none	25/110 (22.7%)	12/67 (17.9%)	RR 0.88 (0.18 to 4.2)	21 fewer per 1000 (from 147 fewer to 573 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		
Leaving study due to side effects												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	0/110 (0%)	5/67 (7.5%)	RR 0.12 (0.01 to 0.97)	66 fewer per 1000 (from 2 fewer to 74 fewer)	⊕⊕⊕⊕ HIGH	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 fewer)		
Depression clinician-reported measures at endpoint (Better indicated by lower values)												
2	randomised	no serious	no serious	no serious	serious[2]	none	63	61	-	SMD 0.10	⊕⊕⊕O	CRITICAL

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

Depression self-reported measures at endpoint (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	63	61	-	SMD 0.11 lower (0.46 lower to 0.25 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depression self-reported measures BDI >8 at endpoint												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	13/30 (43.3%)	20/31 (64.5%)	RR 0.67 (0.41 to 1.09)	213 fewer per 1000 (from 381 fewer to 58 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		
Depression self-reported measures at 1-year follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	25	30	-	SMD 0.14 lower (0.67 lower to 0.39 higher)	⊕⊕OO LOW	CRITICAL

[1] Heterogeneity >50%

[2] Inconclusive effect size

[3] Single study, inconclusive effect size

Is problem solving + antidepressants effective compared with antidepressants?

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

Depression clinician-reported measures at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	31	34	-	SMD 0.18 higher (0.3 lower to 0.67 higher)	⊕⊕OO LOW	CRITICAL
Depression clinician-reported measures at 1-year follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	30	30	-	SMD 0.25 lower (0.76 lower to 0.26 higher)	⊕⊕OO LOW	CRITICAL
Depression clinician-reported measures HRSD >7 at endpoint												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	14/35 (40%)	12/36 (33.3%) 0%	RR 1.20 (0.65 to 2.22)	67 more per 1000 (from 117 fewer to 407 more) 0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Depression clinician-reported measures HRSD >7 at 1-year follow-up												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	12/35 (34.3%)	16/36 (44.4%) 0%	RR 0.77 (0.43 to 1.39)	102 fewer per 1000 (from 253 fewer to 173 more) 0 fewer per 1000 (from 0	⊕⊕OO LOW	CRITICAL

										fewer to 0 more)		
Depression self-reported measures at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	31	34	-	SMD 0.24 lower (0.73 lower to 0.24 higher)	⊕⊕OO LOW	CRITICAL
Depression self-reported measures at 1-year follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	30	30	-	SMD 0.25 lower (0.76 lower to 0.26 higher)	⊕⊕OO LOW	CRITICAL

[1] Single study, inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Problem solving (GP delivered)	Problem solving (nurse delivered)	Relative (95% CI)	Absolute		
Leaving study early for any reason												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	14/39 (35.9%)	9/41 (22%)	RR 1.64 (0.8 to 3.34)	140 more per 1000 (from 44 fewer to 514 more)	⊕⊕OO LOW	CRITICAL
								0%		0 more per 1000 (from 0 fewer to 0 more)		
Depression clinician-reported measures at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	34	36	-	SMD 0.02 lower (0.49 lower to 0.44 higher)	⊕⊕OO LOW	CRITICAL
Depression clinician-reported measures at 1-year follow-up (Better indicated by lower values)												
1	randomised	no serious	no serious	no serious	very	none	25	28	-	SMD 0.01 lower (0.55	⊕⊕OO	CRITICAL

	trials	limitations	inconsistency	indirectness	serious[1]					lower to 0.53 higher)	LOW	
Depression clinician-reported measures HRSD >7 at endpoint												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	19/39 (48.7%)	19/41 (46.3%)	RR 1.05 (0.66 to 1.67)	23 more per 1000 (from 158 fewer to 310 more)	⊕⊕OO LOW	CRITICAL
								0%		0 more per 1000 (from 0 fewer to 0 more)		
Depression clinician-reported measures HRSD >7 at 1-year follow-up												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	15/39 (38.5%)	18/41 (43.9%)	RR 0.88 (0.52 to 1.48)	53 fewer per 1000 (from 211 fewer to 211 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		
Depression self-reported measures at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	34	36	-	SMD 0.07 lower (0.54 lower to 0.4 higher)	⊕⊕OO LOW	CRITICAL

Depression self-reported measures at 1-year follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	25	28	-	SMD 0.15 lower (0.69 lower to 0.39 higher)	⊕⊕OO LOW	CRITICAL

[1] Single study, inconclusive effect size

Couples therapy

Is couples therapy effective compared with waitlist control?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Couples therapy	Waitlist control	Relative (95% CI)	Absolute		
Depression self-reported measure at endpoint (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	27	27	-	SMD 1.35 lower (1.95 to 0.75 lower)	⊕⊕⊕⊕ HIGH	CRITICAL

Is couples therapy effective compared with CBT?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Couples therapy	CBT	Relative (95% CI)	Absolute		
Leaving study early												
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	12/55 (21.8%)	9/51 (17.6%)	RR 1.22 (0.55 to 2.71)	39 more per 1000 (from 79 fewer to 302 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%		0 more per 1000 (from 0 fewer to 0 more)		
Depression self-reported measures at endpoint (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	33	34	-	SMD 0.10 lower (0.58 lower to 0.38 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depression self-reported measures at 6-month follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	20	20	-	SMD 0.05 lower (0.67 lower to 0.57 higher)	⊕⊕OO LOW	CRITICAL

Depression self-reported measures at 12-month follow-up (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	32	32	-	SMD 0.41 lower (0.9 lower to 0.09 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depression self-reported measures at 18-month follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	20	20	-	SMD 0.08 lower (0.7 lower to 0.54 higher)	⊕⊕OO LOW	CRITICAL
Depression clinician-reported measures at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	20	20	-	SMD 0.07 lower (0.69 lower to 0.55 higher)	⊕⊕OO LOW	CRITICAL
Relapse at 6 months												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	11/20 (55%)	14/20 (70%) 0%	RR 0.79 (0.48 to 1.28)	147 fewer per 1000 (from 364 fewer to 196 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL

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

[1] Inconclusive effect size
[2] Single study, inconclusive effect size

Is couples therapy + CBT effective compared with CBT?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Couples therapy + CBT	CBT	Relative (95% CI)	Absolute		
Relapse at 12 months												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	1/10 (10%)	2/13 (15.4%) 0%	RR 0.65 (0.07 to 6.19)	54 fewer per 1000 (from 143 fewer to 798 more) 0 fewer per 1000 (from 0 fewer to 0	⊕⊕OO LOW	CRITICAL

										more)		

[1] Single study, inconclusive effect size

Is couples therapy + CBT effective compared with couples therapy?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Couples therapy + CBT	Couples therapy	Relative (95% CI)	Absolute		
Relapse at 6 months												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	0/11 (0%)	1/11 (9.1%) 0%	RR 0.33 (0.02 to 7.39)	61 fewer per 1000 (from 89 fewer to 581 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Relapse at 12 months												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	1/10 (10%)	1/10 (10%) 0%	RR 1.00 (0.07 to 13.87)	0 fewer per 1000 (from 93 fewer to 1287 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL

[1] Single study, inconclusive effect size

Is couples therapy effective compared with IPT?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Couples therapy	IPT	Relative (95% CI)	Absolute		
Leaving study early												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	4/29 (13.8%)	6/29 (20.7%)	RR 0.67 (0.22 to 2.04)	68 fewer per 1000 (from 161 fewer to 215 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		
Depression self-reported measures at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	20	20	-	SMD 0.06 lower (0.68 lower to 0.56 higher)	⊕⊕OO LOW	CRITICAL
Depression self-reported measures at 6-month follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	20	20	-	SMD 0.32 lower (0.94 lower to 0.31	⊕⊕OO LOW	CRITICAL

										higher)		
Depression self-reported measures at 12-month follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	20	20	-	SMD 0.23 lower (0.86 lower to 0.39 higher)	⊕⊕OO LOW	CRITICAL
Depression self-reported measures at 18 months (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	20	20	-	SMD 0.14 higher (0.48 lower to 0.76 higher)	⊕⊕OO LOW	CRITICAL
Depression clinician-reported measures at endpoint (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	29	29	-	SMD 0.01 higher (0.51 lower to 0.52 higher)	⊕⊕⊕O MODERATE	CRITICAL

[1] Inconclusive effect size

[2] Single study, inconclusive effect size

Interpersonal therapy (IPT)

Is IPT effective compared with placebo?

Quality assessment							Summary of findings					
							No. of patients		Effect		Quality	Importance
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT	Placebo	Relative (95% CI)	Absolute		
Leaving study early												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	14/61 (23%)	25/62 (40.3%)	RR 0.57 (0.33 to 0.99)	173 fewer per 1000 (from 4 fewer to 270 fewer)	⊕⊕⊕O MODERATE	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 fewer)		
Depression clinician-reported measures at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	61	62	-	SMD 0.43 lower (0.79 to 0.07 lower)	⊕⊕⊕O MODERATE	CRITICAL
Depression clinician-reported measures HRSD >7 at endpoint												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	35/61 (57.4%)	49/62 (79%)	RR 0.73 (0.56 to	213 fewer per 1000 (from 55 fewer to	⊕⊕⊕O MODERATE	CRITICAL

									0.93)	348 fewer)		
								0%		0 fewer per 1000 (from 0 fewer to 0 fewer)		
Depression self-reported measures at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	61	62	-	SMD 0.28 lower (0.64 lower to 0.07 higher)	⊕⊕OO LOW	CRITICAL
Depression self-reported measures BDI >9 at endpoint												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	27/61 (44.3%)	37/62 (59.7%)	RR 0.74 (0.52 to 1.05)	155 fewer per 1000 (from 286 fewer to 30 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		

[1] Single study

[2] Single study, inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT	Usual GP care (incl. AD)	Relative (95% CI)	Absolute		
Leaving study early												
1	randomised trials	no serious limitations	serious[1]	no serious indirectness	no serious imprecision	none	48/119 (40.3%)	14/113 (12.4%)	RR 3.31 (1.94 to 5.63)	286 more per 1000 (from 116 more to 574 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%		0 more per 1000 (from 0 more to 0 more)		
Depression clinician-reported measures at endpoint (Better indicated by lower values)												
2	randomised trials	no serious limitations	very serious[2]	no serious indirectness	serious[3]	none	128	122	-	SMD 0.07 lower (0.33 lower to 0.18 higher)	⊕OOO VERY LOW	CRITICAL
Depression clinician-reported measures at 3-month follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[4]	none	26	21	-	SMD 0.81 lower (1.41 to 0.21	⊕⊕⊕O MODERATE	CRITICAL

										lower)		
Depression clinician-reported measures at 9-month follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[4]	none	26	21	-	SMD 0.98 lower (1.6 to 0.37 lower)	⊕⊕⊕O MODERATE	CRITICAL
Depression self-reported measures at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[4]	none	52	20	-	SMD 0.69 lower (1.22 to 0.16 lower)	⊕⊕⊕O MODERATE	CRITICAL
Depression self-reported measures at 3-month follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[4]	none	26	21	-	SMD 0.88 lower (1.48 to 0.28 lower)	⊕⊕⊕O MODERATE	CRITICAL
Depression self-reported measures at 5-month follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[5]	none	44	18	-	SMD 0.20 lower (0.75 lower to 0.35 higher)	⊕⊕OO LOW	CRITICAL
Depression self-reported measures at 9-month follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[4]	none	26	21	-	SMD 0.98 lower (1.6 to	⊕⊕⊕O MODERATE	CRITICAL

										0.37 lower)		

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

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (with/without placebo)	IPT + AD	Relative (95% CI)	Absolute		
Leaving study early for any reason												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	11/29 (37.9%)	8/29 (27.6%)	RR 1.44 (0.72 to 2.86)	121 more per 1000 (from 77 fewer to 513 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%		0 more per 1000 (from 0 fewer to 0 more)		
Leaving study early due to side effects												
2	randomised	no serious	no serious	no serious	serious[1]	none	1/29 (3.4%)	4/29	RR 0.34 (0.06 to	91 fewer per 1000	⊕⊕⊕O	CRITICAL

	trials	limitations	inconsistency	indirectness				(13.8%)	2.08)	(from 130 fewer to 149 more)	MODERATE	
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		
Depression clinician-reported measure HRSD >7 at endpoint												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	12/17 (70.6%)	5/16 (31.3%)	RR 2.26 (1.03 to 4.97)	394 more per 1000 (from 9 more to 1241 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%		0 more per 1000 (from 0 more to 0 more)		

[1] Inconclusive effect size

[2] Single study

Is IPT + antidepressants effective compared with antidepressants?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT + AD	AD	Relative (95% CI)	Absolute		
Leaving study early for any reason												
4	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	32/146 (21.9%)	44/156 (28.2%) 0%	RR 0.77 (0.53 to 1.14)	65 fewer per 1000 (from 133 fewer to 39 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
Leaving study early due to side effects												
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	3/97 (3.1%)	7/109 (6.4%) 0%	RR 0.57 (0.17 to 1.89)	28 fewer per 1000 (from 53 fewer to 57 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
Depression clinician-reported measures at endpoint (5 weeks) (Better indicated by lower values)												
2	randomised	no serious	serious[2]	no serious	serious[3]	none	102	98	-	SMD 0.16	⊕⊕OO	CRITICAL

	trials	limitations		indirectness						lower (0.44 lower to 0.12 higher)	LOW	
Depression clinician-reported measures after 12 weeks' treatment (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	44	43	-	SMD 0.13 lower (0.55 lower to 0.3 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depression clinician-reported measures HRSD >7 at endpoint												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[4]	none	5/16 (31.3%)	11/25 (44%)	RR 0.71 (0.3 to 1.66)	128 fewer per 1000 (from 308 fewer to 290 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		
Depression self-reported measures at endpoint (5 weeks) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[4]	none	65	65	-	SMD 0.06 lower (0.41 lower to 0.28 higher)	⊕⊕OO LOW	CRITICAL

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

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (with/without placebo)	AD (with/without clinical management)	Relative (95% CI)	Absolute		
Leaving study early for any reason												
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	63/171 (36.8%)	67/173 (38.7%)	RR 0.94 (0.72 to 1.22)	23 fewer per 1000 (from 108 fewer to 85 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		
Leaving study due to side effects												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	0/17 (0%)	2/25 (8%)	RR 0.29 (0.01 to 5.67)	57 fewer per 1000 (from 79 fewer to 374 more)	⊕⊕OO LOW	CRITICAL

								0%		0 fewer per 1000 (from 0 fewer to 0 more)		
Depression clinician-reported measures at endpoint (Better indicated by lower values)												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	154	148	-	SMD 0.08 higher (0.15 lower to 0.3 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depression clinician-reported measures HRSD >7 at endpoint												
2	randomised trials	no serious limitations	serious[3]	no serious indirectness	serious[1]	none	47/78 (60.3%)	44/82 (53.7%)	RR 1.12 (0.86 to 1.46)	64 more per 1000 (from 75 fewer to 247 more)	⊕⊕OO LOW	CRITICAL
								0%		0 more per 1000 (from 0 fewer to 0 more)		
Depression self-reported measures at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	61	57	-	SMD 0.04 higher	⊕⊕OO LOW	CRITICAL

										(0.32 lower to 0.4 higher)		
Depression self-reported measures BDI >9 at endpoint												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[2]	none	27/61 (44.3%)	27/57 (47.4%)	RR 0.93 (0.63 to 1.38)	33 fewer per 1000 (from 175 fewer to 180 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		

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

Is IPT (continuation treatment) effective compared with antidepressants?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (continuation treatment)	AD	Relative (95% CI)	Absolute		
Depression clinician-reported measures after 4 months' continuation treatment (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	93	91	-	SMD 0.03 higher (0.26 lower to 0.32 higher)	⊕⊕OO LOW	CRITICAL
Depression clinician-reported measures HRSD >7 after 4 months' continuation treatment												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	50/93 (53.8%)	47/91 (51.6%)	RR 1.04 (0.79 to 1.37)	21 more per 1000 (from 108 fewer to 191 more)	⊕⊕OO LOW	CRITICAL
								0%		0 more per 1000 (from 0 fewer to 0 more)		

[1] Single study, inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (continuation treatment)	TAU	Relative (95% CI)	Absolute		
Depression clinician-reported measures after 4 months' continuation treatment (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	93	92	-	SMD 0.44 lower (0.73 to 0.15 lower)	⊕⊕⊕O MODERATE	CRITICAL
Depression clinician-reported measures HRSD >7 after 4 months' continuation treatment												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	50/93 (53.8%)	75/92 (81.5%)	RR 0.66 (0.53 to 0.82)	277 fewer per 1000 (from 147 fewer to 383 fewer)	⊕⊕⊕O MODERATE	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 fewer)		

[1] Single study

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (continuation treatment) + AD	AD	Relative (95% CI)	Absolute		
Depression clinician-reported measures after 6 months' continuation treatment, 16 weeks' drug free and 8 weeks' IPT free (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	11	12	-	SMD 0.57 lower (1.41 lower to 0.27 higher)	⊕⊕OO LOW	CRITICAL

[1] Single study, inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (continuation treatment) + AD	AD + medication clinic	Relative (95% CI)	Absolute		
Relapse (16-week continuation phase)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	0/11 (0%)	1/14 (7.1%)	RR 0.42 (0.02 to 9.34)	41 fewer per 1000 (from 70 fewer to 596 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		

[1] Single study, inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (continuation treatment) + AD	IPT + placebo	Relative (95% CI)	Absolute		
Relapse (16-week continuation treatment)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	0/11 (0%)	1/5 (20%)	RR 0.17 (0.01 to 3.51)	166 fewer per 1000 (from 198 fewer to 502 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		

[1] Single study, inconclusive effect size

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

Quality assessment							Summary of findings					
							No. of patients		Effect			
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (continuation treatment) + placebo	Placebo + medication clinic	Relative (95% CI)	Absolute	Quality	Importance
Relapse (16-week continuation treatment)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	1/5 (20%)	0/10 (0%)	RR 5.50 (0.26 to 115.22)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
								0%		0 more per 1000 (from 0 fewer to 0 more)		

[1] Single study, inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (3-year maintenance treatment)	IPT + AD	Relative (95% CI)	Absolute		
Leaving study early												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	2/26 (7.7%)	4/25 (16%)	RR 0.48 (0.1 to 2.4)	83 fewer per 1000 (from 144 fewer to 224 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		
Relapse												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	18/26 (69.2%)	10/25 (40%)	RR 1.73 (1 to 2.98)	292 more per 1000 (from 0 more to 792 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%		0 more per 1000 (from 0 more to 0 more)		

[1] Single study, inconclusive effect size
[2] Single study

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

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

										fewer to 0 more)		

[1] Single study, inconclusive effect size

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

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

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

[1] Single study, inconclusive effect size

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

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

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

[1] Single study, inconclusive effect size

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

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

[1] Inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (3-year maintenance treatment) + AD	Medication clinic + AD	Relative (95% CI)	Absolute		
Relapse												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	15/50 (30%)	27/56 (48.2%)	RR 0.62 (0.38 to 1.02)	183 fewer per 1000 (from 299 fewer to 10 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		

[1] Inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (3-year maintenance treatment) + placebo	Medication clinic + placebo	Relative (95% CI)	Absolute		
Leaving study early												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	8/51 (15.7%)	3/52 (5.8%) 0%	RR 2.35 (0.74 to 7.44)	78 more per 1000 (from 15 fewer to 372 more) 0 more per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
Relapse												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	37/51 (72.5%)	47/52 (90.4%) 0%	RR 0.80 (0.66 to 0.97)	181 fewer per 1000 (from 27 fewer to 307 fewer) 0 fewer	⊕⊕⊕⊕ HIGH	CRITICAL

										per 1000 (from 0 fewer to 0 fewer)		

[1] Inconclusive effect size

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

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

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

[1] Single study, inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (3-year maintenance treatment) + AD	Medication clinic + AD	Relative (95% CI)	Absolute		
Relapse												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	15/50 (30%)	27/56 (48.2%)	RR 0.62 (0.38 to 1.02)	183 fewer per 1000 (from 299 fewer to 10 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		

[1] Inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (with/without placebo)	IPT + AD	Relative (95% CI)	Absolute		
Leaving study early for any reason												
3	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	18/64 (28.1%)	19/57 (33.3%) 0%	RR 0.87 (0.52 to 1.45)	43 fewer per 1000 (from 160 fewer to 150 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
Leaving study early due to side effects												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	1/29 (3.4%)	4/29 (13.8%) 0%	RR 0.34 (0.06 to 2.08)	91 fewer per 1000 (from 130 fewer to 149 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL

Depression clinician-reported measures HRSD >7 at endpoint												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	12/17 (70.6%)	5/16 (31.3%) 0%	RR 2.26 (1.03 to 4.97)	394 more per 1000 (from 9 more to 1241 more) 0 more per 1000 (from 0 more to 0 more)	⊕⊕⊕O MODERATE	CRITICAL

[1] Inconclusive effect size
[2] Single study

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT + AD	AD	Relative (95% CI)	Absolute		
Leaving study early due to side effects												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	0/16 (0%)	7/25 (28%) 0%	RR 0.10 (0.01 to 1.67)	252 fewer per 1000 (from 277 fewer to 188 more) 0 fewer per 1000 (from 0 fewer to 0	⊕⊕OO LOW	CRITICAL

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

[1] Single study, inconclusive effect size

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

Quality assessment							Summary of findings					
							No. of patients		Effect			
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (with/without placebo)	AD (with/without clinical management)	Relative (95% CI)	Absolute	Quality	Importance
Leaving study early for any reason												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	3/17 (17.6%)	7/25 (28%)	RR 0.63 (0.19 to 2.1)	104 fewer per 1000 (from 227 fewer to 308 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		
Leaving study due to side effects												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	0/17 (0%)	2/25 (8%)	RR 0.29 (0.01 to 5.67)	57 fewer per 1000 (from 79 fewer to 374 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer		

										per 1000 (from 0 fewer to 0 more)		
Depression clinician-reported measures HRSD >7 at endpoint												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	12/17 (70.6%)	11/25 (44%)	RR 1.60 (0.94 to 2.75)	264 more per 1000 (from 26 fewer to 770 more)	⊕⊕OO LOW	CRITICAL
								0%		0 more per 1000 (from 0 fewer to 0 more)		

[1] Single study, inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT	Standard care (Netherlands)	Relative (95% CI)	Absolute		
Depression clinician-reported measures at 2-month follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	69	74	-	SMD 0.28 lower (0.61 lower to 0.05 higher)	⊕⊕OO LOW	CRITICAL
Depression clinician-reported measures at 6-month follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	69	74	-	SMD 0.11 lower (0.44 lower to 0.22 higher)	⊕⊕OO LOW	CRITICAL

[1] Single study, inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (2 to 3-year maintenance treatment) + AD	IPT + placebo	Relative (95% CI)	Absolute		
Leaving study early for any reason												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	5/53 (9.4%)	10/60 (16.7%) 0%	RR 0.56 (0.2 to 1.55)	73 fewer per 1000 (from 133 fewer to 92 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
Relapse												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	13/53 (24.5%)	37/60 (61.7%) 0%	RR 0.40 (0.24 to 0.67)	370 fewer per 1000 (from 204 fewer to 469 fewer) 0 fewer	⊕⊕⊕⊕ HIGH	CRITICAL

										per 1000 (from 0 fewer to 0 fewer)		

[1] Inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (2 to 3-year maintenance treatment) + AD	Medication clinic + placebo	Relative (95% CI)	Absolute		
Leaving study early for any reason												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	3/25 (12%)	0/29 (0%)	RR 8.08 (0.44 to 149.2)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
								0%		0 more per 1000 (from 0 fewer to 0 more)		

Relapse												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	5/25 (20%)	26/29 (89.7%)	RR 0.22 (0.1 to 0.49)	699 fewer per 1000 (from 457 fewer to 807 fewer)	⊕⊕⊕O MODERATE	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 fewer)		

[1] Single study, inconclusive effect size

[2] Single study

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (2 to 3-year maintenance treatment) + placebo	Medication clinic + placebo	Relative (95% CI)	Absolute		
Leaving study early for any reason												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	4/25 (16%)	0/29 (0%)	RR 10.38 (0.59 to 183.92)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
								0%		0 more per 1000 (from 0 fewer to 0 more)		
Relapse												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	16/25 (64%)	26/29 (89.7%)	RR 0.71 (0.52 to 0.98)	260 fewer per 1000 (from 18 fewer to 430	⊕⊕⊕O MODERATE	CRITICAL

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

[1] Single study, inconclusive effect size
[2] Single study

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (2 to 3-year maintenance treatment) + AD	AD	Relative (95% CI)	Absolute		
Leaving study early for any reason												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	3/25 (12%)	4/28 (14.3%)	RR 0.84 (0.21 to 3.39)	23 fewer per 1000 (from 113 fewer to 341 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		

[1] Single study, inconclusive effect size

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

Quality assessment							Summary of findings					
							No. of patients		Effect			
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	IPT (2 to 3-year maintenance treatment) + AD	Medication clinic + AD	Relative (95% CI)	Absolute	Quality	Importance
Relapse												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	5/25 (20%)	12/28 (42.9%)	RR 0.47 (0.19 to 1.14)	227 fewer per 1000 (from 347 fewer to 60 more)	⊕⊕OO LOW	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		

[1] Single study, inconclusive effect size

Counselling

Is counselling effective compared with GP care?

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

Depression self-report measures at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	67	67	-	SMD 0.49 lower (0.83 to 0.15 lower)	⊕⊕⊕O MODERATE	CRITICAL
Depression self-reported measures at 12-month follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	67	67	-	SMD 0.03 lower (0.37 lower to 0.31 higher)	⊕⊕OO LOW	CRITICAL

[1] Single study, inconclusive effect size
[2] Single study

Is counselling effective compared with antidepressants?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Counselling	AD	Relative (95% CI)	Absolute		
Depression self-reported measures at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	39	44	-	SMD 0.04 higher (0.39 lower to 0.47 higher)	⊕⊕OO LOW	CRITICAL

Relapse												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	27/52 (51.9%)	22/51 (43.1%) 0%	RR 1.20 (0.8 to 1.81)	86 more per 1000 (from 86 fewer to 349 more) 0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Relapse at 12 months												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	43/52 (82.7%)	30/51 (58.8%) 0%	RR 1.41 (1.08 to 1.83)	241 more per 1000 (from 47 more to 488 more) 0 more per 1000 (from 0 more to 0 more)	⊕⊕⊕O MODERATE	CRITICAL
Depression self-report at 12-month follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	31	34	-	SMD 0.17 higher (0.32 lower to 0.66 higher)	⊕⊕OO LOW	CRITICAL

[1] Single study, inconclusive effect size

[2] Single study

Is counselling effective compared with CBT?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Counselling	CBT	Relative (95% CI)	Absolute		
Leaving study early (dropouts by 4 months)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	5/67 (7.5%)	7/63 (11.1%) 0%	RR 0.67 (0.22 to 2.01)	37 fewer per 1000 (from 87 fewer to 112 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Leaving study early (dropouts by 12 months)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	9/67 (13.4%)	13/63 (20.6%) 0%	RR 0.65 (0.3 to 1.42)	72 fewer per 1000 (from 144 fewer to 87 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Depression self-reported measures at endpoint (Better indicated by lower values)												
1	randomised	no serious	no serious	no serious	very	none	67	63	-	SMD 0.14	⊕⊕OO	CRITICAL

	trials	limitations	inconsistency	indirectness	serious[1]					lower (0.48 lower to 0.21 higher)	LOW	
Depression self-reported measures at 12-month follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	67	63	-	SMD 0.04 higher (0.31 lower to 0.38 higher)	⊕⊕OO LOW	CRITICAL

[1] Single study, inconclusive effect sizes

Is counselling + GP care effective compared with GP care?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Counselling + GP care	GP care	Relative (95% CI)	Absolute		
Leaving study early												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	8/73 (11%)	7/72 (9.7%)	RR 1.13 (0.43 to 2.95)	13 more per 1000 (from 55 fewer to 190 more)	⊕⊕OO LOW	CRITICAL
								0%		0 more per 1000 (from 0 fewer to 0 more)		

Depression self-reported measures (BDI >=14 at 6 months)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	44/73 (60.3%)	46/72 (63.9%) 0%	RR 0.94 (0.73 to 1.22)	38 fewer per 1000 (from 172 fewer to 141 more) 0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Depression self-reported measures (BDI >=14 at 12 months)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	42/73 (57.5%)	0%	RR 0.80 (0.62 to 1.02)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Depression self-reported measures at 6-month follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	65	65	-	MD 0.50 higher (2.47 lower to 3.47 higher)	⊕⊕OO LOW	CRITICAL
Depression self-reported measures at 12-month follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	60	55	-	0.30 higher (3.07 lower to 3.67 higher)	⊕⊕OO LOW	CRITICAL

[1] Single study, inconclusive effect size

Short-term psychodynamic psychotherapy

Is short-term psychodynamic psychotherapy effective compared with antidepressants?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Short-term psychodynamic psychotherapy	AD	Relative (95% CI)	Absolute		
Leaving study early												
2	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	19/110 (17.3%)	16/83 (19.3%)	RR 0.90 (0.51 to 1.6)	19 fewer per 1000 (from 94 fewer to 116 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 more)		
Depression clinician-reported measures at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	59	44	-	SMD 0.43 higher (0.03 to 0.82 higher)	⊕⊕⊕O MODERATE	CRITICAL

Depression clinician-reported measures mean change from baseline to endpoint (Better indicated by higher values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[3]	none	26	25	-	SMD 0.03 higher (0.52 lower to 0.58 higher)	⊕⊕OO LOW	CRITICAL

[1] Inconclusive effect size
[2] Single study
[3] Single study, inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Short-term psychodynamic psychotherapy	Behaviour therapy	Relative (95% CI)	Absolute		
Leaving study early												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	14/51 (27.5%)	4/44 (9.1%)	RR 3.02 (1.07 to 8.5)	184 more per 1000 (from 6 more to 682 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%		0 more per 1000		

										(from 0 more to 0 more)		

[1] Single study

Is short-term psychodynamic psychotherapy effective compared with CBT?

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Short-term psychodynamic psychotherapy	CBT	Relative (95% CI)	Absolute		
Leaving study early												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	9/30 (30%)	0%	RR 2.16 (0.81 to 5.76)	0 more per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL
Depression self-reported measures at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	serious[2]	no serious indirectness	very serious[1]	none	28	29	-	SMD 0.35 higher (0.61 lower to 1.3 higher)	⊕OOO VERY LOW	CRITICAL
Depression self-reported measures at 6-month follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	26	30	-	SMD 0.13 higher (0.4 lower to	⊕⊕OO LOW	CRITICAL

										0.67 higher)		
Depression self-reported measures at 1-year follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	serious	no serious indirectness	very serious[1]	none	25	25	-	SMD 0.22 lower (1.22 lower to 0.79 higher)	⊕OOO VERY LOW	CRITICAL
Still meeting RDC criteria for depression at endpoint												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	17/30 (56.7%)	12/36 (33.3%)	RR 1.70 (0.97 to 2.97)	233 more per 1000 (from 10 fewer to 657 more)	⊕⊕OO LOW	CRITICAL
								0%		0 more per 1000 (from 0 fewer to 0 more)		
Still meeting RDC criteria for depression at 3-month follow-up												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	19/30 (63.3%)	17/36 (47.2%)	RR 1.34 (0.86 to 2.08)	161 more per 1000 (from 66 fewer to 510 more)	⊕⊕OO LOW	CRITICAL
								0%		0 more per 1000 (from 0 fewer to 0 more)		

[1] Single study, inconclusive effect size

[2] Heterogeneity >50%

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Short-term psychodynamic psychotherapy + AD	Supportive therapy + AD	Relative (95% CI)	Absolute		
Leaving study early												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	14/47 (29.8%)	10/48 (20.8%)	RR 1.43 (0.71 to 2.89)	90 more per 1000 (from 60 fewer to 394 more)	⊕⊕OO LOW	CRITICAL
								0%		0 more per 1000 (from 0 fewer to 0 more)		
Non-remitters												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	31/47 (66%)	29/48 (60.4%)	RR 1.09 (0.8 to 1.48)	54 more per 1000 (from 121 fewer to 290 more)	⊕⊕OO LOW	CRITICAL
								0%		0 more per		

										1000 (from 0 fewer to 0 more)		
Depression clinician-reported measures at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	35	39	-	0.80 lower (4.06 lower to 2.46 higher)	⊕⊕OO LOW	CRITICAL

[1] Single study, inconclusive effect size

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Short-term psychodynamic psychotherapy	Short-term psychodynamic psychotherapy+ AD	Relative (95% CI)	Absolute		
Depression clinician-reported measures at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	107	101	-	SMD 0.04 higher (0.23 lower to 0.32 higher)	⊕⊕OO LOW	CRITICAL

Leaving study early												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[2]	none	1/107 (0.9%)	16/101 (15.8%)	RR 0.06 (0.01 to 0.44)	149 fewer per 1000 (from 89 fewer to 157 fewer)	⊕⊕⊕O MODERATE	CRITICAL
								0%		0 fewer per 1000 (from 0 fewer to 0 fewer)		

[1] Single study, inconclusive effect size
[2] Single study

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Short-term psychodynamic psychotherapy	Wait-list control	Relative (95% CI)	Absolute		
Depression clinician-reported measures at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	10	10	-	SMD 1.09 lower (2.04 to 0.13	⊕⊕⊕O MODERATE	CRITICAL

										lower)		

[1] Single study

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Short-term psychodynamic psychotherapy	Supportive therapy	Relative (95% CI)	Absolute		
Depression clinician-reported measures at endpoint (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[1]	none	10	10	-	SMD 0.97 lower (1.91 to 0.03 lower)	⊕⊕⊕O MODERATE	CRITICAL

[1] Single study

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	AD	Short-term psychodynamic psychotherapy + AD	Relative (95% CI)	Absolute		
Depression clinician-reported measures at 24 weeks (Better indicated by lower values)												
1	randomised trials	no serious limitations	very serious[1]	no serious indirectness	very serious[2]	none	56	72	-	SMD 0.16 higher (2.44 lower to 2.76 higher)	⊕OOO VERY LOW	CRITICAL
Depression clinician-reported measures at 24-month follow-up (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	49	40	-	SMD 0.52 higher (0.1 to 0.95 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depression clinician-reported measures at 48 months (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious[3]	none	49	40	-	SMD 0.59 higher (0.16 to 1.01 higher)	⊕⊕⊕O MODERATE	CRITICAL

[1] Heterogeneity >80%
[2] Single study, inconclusive effect size
[3] Single study

Rational emotive behaviour therapy

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

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	REBT	AD	Relative (95% CI)	Absolute		
Depression scores: continuous measures (self-report) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	57	57	-	SMD 0.07 lower (0.44 lower to 0.29 higher)	⊕⊕OO LOW	CRITICAL
Depression scores: continuous measures (clinician-rated) (Better indicated by lower values)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	57	57	-	SMD 0.00 higher (0.37 lower to 0.37 higher)	⊕⊕OO LOW	CRITICAL
Relapse at 6-month follow-up (follow-up mean 6 months)												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	1/48 (2.1%)	0%	RR 0.20 (0.02 to 1.61)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL

Leaving study early												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	very serious[1]	none	5/57 (8.8%)	0%	RR 0.63 (0.22 to 1.8)	0 fewer per 1000 (from 0 fewer to 0 more)	⊕⊕OO LOW	CRITICAL

[1] Single study; inconclusive effect size