DCHP – Full GRADE evidence profiles

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Service interventions

Collaborative care vs. standard care

Quality assessment	Summary of findings
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							No of pat	tients		Effect	
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Collaborative care	Any standard care	Relative (95% CI)	Absolute	Quality
Mortality			•								
9	randomised trial		no serious inconsistency	no serious indirectness	serious ²	none	117/1493	121/1506	RR 0.94 (0.74 to 1.19)	5 fewer per 1000 (from 21 fewer to 15 more)	⊕⊕OO LOW
Depressio	n outcome. 1.	Non-Respor	ise (<50% impro	ovement) - ser	nsitivity analy	sis - End of treat	ment				
11	randomised trial	serious ³	serious ⁴	no serious indirectness ⁵	no serious imprecision	none	1121/1797	1390/1795	RR 0.82 (0.76 to 0.89)	139 fewer per 1000 (from 85 fewer to 186 fewer)	⊕⊕OO LOW
Depressio	n outcome. 1.	Non-Respon	nse (<50% impre	ovement) - ser	nsitivity analy	sis - End of treat	ment - removir	ig those wit	th >50% d	rop out	
8	randomised trial		no serious inconsistency	no serious indirectness	no serious imprecision	none	782/1322	1016/1330	RR 0.79 (0.73 to 0.85)	160 fewer per 1000 (from 115 fewer to 206 fewer)	⊕⊕⊕⊕ HIGH
Depressio	n outcome 2.	Non-remissi	on (scoring abo	ove cut off e.g.	>7 on HAM-	D) - End of treat	ment		•		
6	randomised trial	serious ⁶	serious ⁴	no serious indirectness ⁵	no serious imprecision	none	611/1174	763/1174	RR 0.84 (0.73 to 0.96)	104 fewer per 1000 (from 26 fewer to 175 fewer)	⊕⊕OO LOW
Depressio	n outcome 2.	Non-remissi	on (scoring abo	ove cut off e.g.	>7 on HAM-	D) - End of treat	ment - papers w	vith >50% d	rop out re	emoved	
5		limitations	serious ⁴		no serious imprecision	none	538/1096	689/1095	RR 0.81 (0.73 to 0.9)	120 fewer per 1000 (from 63 fewer to 170 fewer)	⊕⊕⊕O MODERATE
Depressio	1	- U	t follow up) - E	1	1						
2	randomised	no serious	serious ⁴	no serious	serious ^{2,7}	none	76/163	97/158	RR 0.77	141 fewer per	⊕⊕OO

	trial	limitations		indirectness					(0.54 to 1.1)	1000 (from 282 fewer to 61 more)	LOW
Depressio	on outcome 4.0	Continuous 1	neasures depres	ssion rating so	cale(Change s	core) - End of trea	atment (Better i	ndicated b	y less)		
10	_	limitations		indirectness	imprecision	none	1001	968	-	SMD -0.31 (-0.4 to -0.22)	⊕⊕⊕ HIGH
Physical b	nealth outcom	e: 2. Pain int	ensity (Brief pa	in inventory,	author define	d scale) - End of t	reatment (Bette	er indicated	l by less)		
3	randomised trial		no serious inconsistency	no serious indirectness	serious ⁷	none	725	693	-	SMD -0.15 (- 0.25 to -0.04)	⊕⊕⊕O MODERATE
Physical b	nealth outcom	e/ QoL: 1. Ge	eneral physical	wellbeing/ fu	nctioning (SF	-12 physical etc) -	End of treatme	ent (Better i	ndicated	by less)	
5	randomised trial	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	941	915	-	SMD -0.26 (- 0.35 to -0.17)	⊕⊕⊕O MODERATE
Physical b	nealth outcom	e/ QoL: 2. Ge	eneral physical	wellbeing/ fu	nctioning (Ch	ange scores) - En	d of treatment	(Better indi	cated by	less)	
6	randomised trial	serious ⁶	no serious inconsistency	no serious indirectness	no serious imprecision	none	566	584	-	SMD -0.12 (- 0.24 to -0.01)	⊕⊕⊕O MODERATE
Quality of	f Life 1. Gene	ral QoL scale	es (Euroqol, 0-1	0 rating scale	etc.) - End of	treatment (Better	indicated by le	ss)			
1	randomised trial		no serious inconsistency	no serious indirectness	serious ⁷	none	484	480	-	SMD -0.14 (- 0.27 to -0.01)	⊕⊕⊕O MODERATE
Quality of	f Life 1. Gene	ral QoL scale	es (Euroqol, 0-1	0 rating scale	etc.) - Change	score (Better ind	icated by less)				
1	randomised trial		no serious inconsistency	no serious indirectness	serious ^{2,7}	none	146	189	-	SMD -0.08 (- 0.29 to 0.14)	⊕⊕⊕O MODERATE
Service us	se/ Process of	care: 1. Did r	ot receive a con	sultation/sp	ecified numb	er of mental heal	th visits - End o	of treatmen	t		
3	randomised trial	no serious limitations	serious ⁴	serious ⁵	no serious imprecision	none	239/428	257/405	RR 0.83 (0.67 to 1.02)	108 fewer per 1000 (from 210 fewer to 13 more)	⊕⊕OO LOW
Service us	se / Process of	care (did no	t receive psycho	social or pha	rmacological i	interventions) - E	nd of treatment	t			
5	randomised trial	no serious limitations	serious ⁴	no serious indirectness ⁵	no serious imprecision	none	250/921	485/886	RR 0.5 (0.37 to 0.69)	273 fewer per 1000 (from 170 fewer to 345	⊕⊕⊕O MODERATE

										fewer)			
Treatment	reatment acceptability - leaving the study early for any reason - End of treatment												
	randomised trial	serious ¹		no serious indirectness	serious ²	none	369/1875	383/1867	RR 0.96 (0.85 to 1.08)	8 fewer per 1000 (from 31 fewer to 16 more)	⊕⊕OO LOW		
Satisfactio	n with servic	e - not satisf	ied with treatm	ent/care - End	of treatment								
	randomised trial	no serious limitations	no serious inconsistency		no serious imprecision	none	159/403	223/442	RR 0.78 (0.67 to 0.91)	111 fewer per 1000 (from 45 fewer to 167 fewer)	⊕⊕⊕O MODERATE		

¹ 2 trials are pre-planned sub-group analyses of a larger RCT

² Compatible with benefit and no benefit

³ 3 trials with >50% drop out not accounted for in the analysis

⁴ I-squared >50%

⁵ 2 trials did not recruit specifically for comorbid chronic physical health problems

⁶ 1 trial with >50% drop out not accounted for in the analysis

⁷ Sparse data

⁸ 1 trial did not recruit specifically for comorbid chronic physical health problem

Psychiatric liaison vs. standard care

			Quality acco	amont			Summary of findings					
			Quality asse	ssmem			No of pa	tients		Effect		
No of studies	Design	Limitations	Inconsistenc y	Indirectness	Imprecision	Other considerations	Psychiatric consultation- liasion	control	Relative (95% CI)Absolute		Quality	
Mortality		•	•	•	•		•					
1	randomise d trial		no serious inconsistency		serious ^{1,2}	none	22/331	19/338	RR 1.18 (0.65 to 2.14)	10 more per 1000 (from 20 fewer to 64	⊕⊕⊕O MODERATE	

										more)			
Depression	outcome 1.	Diagnosis (at	follow up)										
1			no serious inconsistency		serious ^{1,2}	none	245/331	245/338	RR 1.02 (0.93 to 1.12)	14 more per 1000 (from 51 fewer to 87 more)	⊕⊕⊕O MODERATE		
Physical he	hysical health outcome/ QoL: 1. General physical wellbeing/ functioning (SF-12 physical etc) (Better indicated by less)												
			no serious inconsistency		serious ^{1,2}	none	213	237	-	SMD -0.06 (- 0.25 to 0.12)	⊕⊕⊕O MODERATE		
Treatment	acceptability	y - leaving the	study early fo	or any reason	•	•			•	·			
1	randomise d trial		no serious inconsistency		serious ^{1,2}	none	57/331	40/338	RR 1.46 (1 to 2.12)	54 more per 1000 (from 0 more to 132 more)	⊕⊕⊕O MODERATE		

¹ Sparse data

² Compatible with benefit and no benefit

Multidisciplinary teams vs. standard care

			Quality assess	nont			Summary of findings				
			Quality assessi	nent			No of pat	tients		Effect	
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other	Multidiscipli nary secondary mental health care teams	control	Relative (95% CI)		Quality
Mortality											
			no serious inconsistency	serious ¹	Serious ^{2,3}	none	4/33	3/36	RR 1.45 (0.35 to	37 more per 1000 (from 54	⊕⊕OO LOW

									6.02)	fewer to 417 more)			
Depression outcome 1. Diagnosis (at follow up)													
	randomise d trial		no serious inconsistency	serious ¹	serious ²	none	14/33	25/36	RR 0.61 (0.39 to 0.96)	271 fewer per 1000 (from 28 fewer to 423 fewer)	⊕⊕OO LOW		
Depression	outcome 2.	Continuous mea	asures depressio	on rating scale	(Change score) (Better indicated	by less)						
			no serious inconsistency	serious ¹	serious ²	none	33	36	-	SMD -1.03 (- 1.53 to -0.52)	⊕⊕OO LOW		
Treatment a	acceptability	v - leaving the st	tudy early for ar	iy reason	•								
	randomise d trial		no serious inconsistency	serious ¹	serious ^{2,3}	none	4/33	4/36	RR 1.09 (0.3 to 4.01)	10 more per 1000 (from 78 fewer to 334 more)	⊕⊕OO LOW		

¹ Participants not specifically recruited for a comorbid physical health problem

² Sparse data

³ Compatible with benefit and no benefit

Psychosocial interventions

Physical activity versus standard care

Ouality and	accmant				Summary of	findings					
Quality ass	aality assessment								Effect		
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision		physical	standard	Relative (95% CI)	Absolute	Quality
studies	_	tment) (Better in	dicated by lose)		_	considerations	activity	care	(95% CI)		
Depression	i (enu or trea	tillelit) (Detter II	iuicateu by less)								

randomise	no serious	serious ¹	· 2							
d trial	limitations	5011045	serious ²	no serious imprecision	none	220	141	-	SMD -0.58 (-1.2 to 0.05)	±⊕⊕OO LOW
n (Change sc	ore) (Better indi	cated by less)								
randomise d trial	no serious limitations	serious ¹	serious ²	no serious imprecision	none	83	81	-	SMD -0.29 (-0.6 to 0.03)	⊕⊕OO LOW
sion (below	cut off)		-		-				-	-
randomise d trial	no serious limitations	serious ¹	serious ²	no serious imprecision	none	17/67	29/72	RR 0.64 (0.31 to 1.3)	145 fewer per 1000 (from 278 fewer to 121 more)	⊕⊕OO LOW
sion (6-mont	h follow-up)									
randomise d trial	no serious limitations	no serious inconsistency	serious ²	no serious imprecision	none	11/63	27/62	RR 0.4 (0.23 to 0.69)	261 fewer per 1000 (from 135 fewer to 335 fewer)	⊕⊕⊕O MODERATE
life (end of t	reatment) (Bette	er indicated by l	ess)			-			-	-
randomise d trial	no serious limitations	serious ¹	serious ²	no serious imprecision	none	220	141	-	SMD -0.62 (- 1.28 to 0.03)	⊕⊕OO LOW
ealth outcom	es (end of treat	ment) - Resting I	HR (beats/min	n) (Better india	cated by less)					
randomise d trial	no serious limitations			serious ³	none	16	10	-	```	⊕⊕⊕O MODERATE
	randomise d trial ssion (below of randomise d trial ssion (6-mont randomise d trial life (end of t randomise d trial ealth outcom randomise	randomise no serious d trial limitations ssion (below cut off) randomise no serious d trial limitations ssion (below cut off) randomise no serious d trial limitations ssion (6-month follow-up) randomise no serious d trial limitations flife (end of treatment) (Better randomise no serious d trial limitations ealth outcomes (end of treatment) randomise no serious d trial limitations	d triallimitationssion (below cut off)randomise d trialno serious limitationsserious1stinutno serious limitationsserious1storefollow-up)no serious inconsistencyrandomise d trialno serious limitationsno serious inconsistencyTife (end of treatment) (Better indicated by I limitationsserious1randomise d trialno serious limitationsserious1randomise d trialno serious limitationsserious1randomise d trialno serious limitationsserious1randomise d trialno serious limitationsno 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imprecisionnone8381randomise d trialno serious limitationsserious1serious2no serious imprecisionnone8381randomise d trialno serious limitationsserious1serious2no serious imprecisionnone17/6729/72randomise d trialno serious limitationsno serious inconsistencyserious2no serious imprecisionnone11/6327/62Tandomise d trialno serious limitationsserious1serious2no serious imprecisionnone220141ealth outcomes d trialno serious limitationsno serious inconsistencyno serious indirectnessnone1610	randomise d trialno serious limitationsserious ¹ serious ² no serious imprecisionnone8381-randomise d trialno serious limitationsserious ¹ serious ² no serious imprecisionnone8381-randomise d trialno serious limitationsserious ¹ serious ² no serious imprecisionnone8381-randomise d trialno serious limitationsserious ¹ serious ² no serious imprecisionnone17/6729/72RR 0.64 (0.31 to 1.3)secion (6-month follow-up)randomise inconsistencyno serious serious ² no serious imprecisionnone11/6327/62RR 0.4 (0.23 to 0.69)randomise d trialno serious limitationsserious ¹ serious ² no serious imprecisionnone220141-randomise d trialno serious limitationsserious ¹ serious ² no serious imprecisionnone220141-randomise d trialno serious limitationsserious serious inconsistencyserious serious indirectnessnone1610-	randomise d trialno serious limitationsserious1serious2no serious imprecisionnone8381-SMD -0.29 (-0.6 to 0.03)ssion (below cut off)randomise d trialno serious limitationsserious1serious2no serious imprecisionnone8381-SMD -0.29 (-0.6 to 0.03)randomise d trialno serious limitationsno serious2no serious imprecisionnone17/6729/72RR 0.64 (0.31 to 1.3)145 fewer per 1000 (from 278 fewer to 121 more)randomise d trialno serious limitationsno serious2no serious imprecisionnone11/6327/62RR 0.4 (0.23 to 0.69)145 fewer per 1000 (from 135 fewer to 335 fewer to 335 fewer)If fe (end of treatment) (Better indicated by less)no serious2no serious2no serious2no serious2no serious2no serious2no serious2randomise d trialno serious2serious2no serious2no serious2no serious2no serious2no serious2no serious2no serious2randomise d trialno serious2serious2no serious2no serious2no serious2no serious2no serious2no serious2serious2no serious2no serious2no serious2serious2no serious2serious2serious2serious2serious2serious2serious2serious2serious2serious2serious2serious2serious2serious2serious2serious

¹ I sqaured > 50%

² Population just below cut-off for depression (for some studies)

³ Sparse data

Peer (self-help) support

Quality assessment								Summary of findings				
Quality as	ssessment						No of patients Effect				Ouality	
No of	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other	peer (self-	standard	Relative	Absolute	Quality	

studies						considerations	help) support	care	(95% CI)		
CES-D (en	d of treatment) (Better indicat	ed by less)	<u> </u>	<u> </u>		puppon	1	<u> </u>		<u> </u>
3	randomised trial	no serious limitations	serious ¹	no serious indirectness	no serious imprecision	none	89	102	-	· · · ·	⊕⊕⊕O MODERATE
CES-D (6 1	month follow-u	ıp) (Better indic	ated by less)								
3	randomised trial	no serious limitations		no serious indirectness	no serious imprecision	none	94	108	-	``	⊕⊕⊕O MODERATE
Physical H	Iealth Outcom	es: HIV-1 RNA	viral load - End	of treatment (Better indica	ted by less)		•			•
1	randomised trial			no serious indirectness	serious ²	none	63	60	-	SMD 0.26 (-0.09 to 0.62)	⊕⊕⊕O MODERATE
Physical H	Iealth Outcome	es: HIV-1 RNA	viral load - 3-mo	nth follow-up	o (Better indi	cated by less)			-		
1	randomised trial			no serious indirectness	serious ^{2,3}	none	62	56	-	SMD 0.17 (-0.2 to 0.53)	⊕⊕⊕O MODERATE

 1 I squared > 50%

² Sparse data

³ Compatible with benefit and no benefit

Peer (self-help) support versus group-based cognitive and behavioural intervention

Quality as	cocomont						Summary of	findings			
Quality as	sessment						No of patient	S	Effect		
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other	peer (self- help) support	group- based CBT intervent ion	Relative (95% CI)	Absolute	Quality
Depressio	n (end of treat	ment) (Better inc	licated by less)								

2		no serious limitations			no serious imprecision	none	35	54	_	· · · · ·	⊕⊕⊕O MODERATE		
Depress	epression (6 month follow-up) (Better indicated by less)												
2	randomised trial			no serious indirectness	serious ^{2,3}	none	38	54	-	· · · · ·	⊕⊕⊕O MODERATE		

 1 I squared > 50%

² Compatible with benefit and no benefit

³ Sparse data

Self-help intervention based on cognitive and behavioural principles versus standard care

	_										
Ouality acc	accmant						Summary of	findings			
Quality asse	essment						No of patient	S	Effect		
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other	CBT based self-help intervention	standard care	Relative (95% CI)	A healith	Quality
Depression	outcome (Bet	ter indicated by	less)								
-	randomised trial				no serious imprecision	none	47	56	-	SMD -0.4 (-0.79 to 0)	⊕⊕⊕O MODERATE
Physical health outcome - Visual Functioning Questionnaire (Better indicated by less)											
	randomised trial			no serious indirectness	serious ²	none	12	20	-	MD -7.45 (- 18.58 to 3.68)	⊕⊕OO LOW

¹ Only looked at sub-group of depression (in one study) original sample not stratified for depression ² Sparse data

Individual-based cognitive and behavioural intervention versus standard care

Ouality assessment	Summary of findings	indings		
Quality assessment	No of patients	Effect	Quality	

No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Individually based CBT	control	Relative (95% CI)	Absolute	
Depression	n (end of treatr	nent) (Better ind	dicated by less)								
4		no serious limitations	serious ¹	no serious indirectness	no serious imprecision	none	177	161	-	SMD -0.55 (-0.97 to -0.13)	⊕⊕⊕O MODERATE
Non-remise	sion (below cu	ıt-off)									
1		no serious limitations	no serious inconsistency	no serious indirectness	serious ²	none	5/33	8/33	(0.23 to	92 fewer per 1000 (from 186 fewer to 172 more)	⊕⊕⊕O MODERATE
Depression	n (f6-month fo	llow-up) (Better	indicated by le	ss)	-					-	
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious ²	none	122	111	-	SMD -0.07 (-0.33 to 0.18)	⊕⊕⊕O MODERATE
QoL (end o	of treatment) (I	Better indicated	by less)								
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious ²	none	21	16	-	SMD 0.00 (-0.65 to 0.65)	⊕⊕⊕O MODERATE
Physical he	ealth outcome	- CD4 cell coun	t (Better indicate	ed by less)	-	-					
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious ²	none	21	16	-	```	⊕⊕⊕O MODERATE

¹ I squared = 56.4% ² Sparse data

Individual-based cognitive and behavioural intervention versus counselling

Quality ass	accmont						Summary of t	findings			
Quality ass	sessment						No of patient	s	Effect		
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	individually based CBT		Relative (95% CI)	Absolute	Quality

Depression	(end of treatm	nent) (Better inc	licated by less)								
2	randomised	no serious	no serious	no serious	serious ¹	none	182	182		SMD -0.23 (-	⊕⊕⊕O
	trial	limitations	inconsistency	indirectness			102	102	-	0.62 to 0.17)	MODERATE
Depression	(end of treatm	nent) - change se	core (Better indi	cated by less)							
1	randomised	no serious	no serious	no serious	serious ²	none	20	20		SMD 0.30 (-0.32	⊕⊕⊕O
	trial	limitations	inconsistency	indirectness			20	20	-	to 0.92)	MODERATE
Physical he	alth - CD4 Ce	ll Count (Better	indicated by les	s)							
1	randomised	no serious	no serious	no serious	serious ²	none	13	13		SMD -0.34 (-	⊕⊕⊕O
	trial	limitations	inconsistency	indirectness			15	13	-	0.44 to 1.11)	MODERATE

¹ Compatible with benefit and no benefit

² Sparse data

Group-based cognitive and behavioural intervention versus standard care

Overliter	a com on b						Summary of	findings			
Quality ass	essment						No of patient	S	Effect		
No of studies	Design	Limitations	Inconsistency	Indirectness	mprodicion	Other considerations	group-based CBT	standard care	Relative (95% CI)	Absolute	Quality
Depression	(end of treatr	nent) (Better ind	licated by less)								
					no serious imprecision	reporting bias ¹	305	275	-	```	⊕⊕⊕O MODERATE
Depression	(follow-up -	more than 6-mor	nths) (Better ind	licated by less)		·				·
				no serious indirectness	serious ²	none	149	113	-	`	⊕⊕⊕O MODERATE
Non remiss	ion (below cu	t off)									

1	trial	limitations	inconsistency	no serious indirectness	serious ³	none	8/25	21/27	$(0.22 t_0)$	459 fewer per 1000 (from 195 fewer to 607 fewer)	⊕⊕⊕O MODERATE
±	, I		no serious	no serious indirectness	serious ³	none	9/25	19/27	(0.29 to	345 fewer per 1000 (from 63 fewer to 500 fewer)	⊕⊕⊕O MODERATE
QoL - SF-30) (end of treat	nent) - Physical	(Better indicate	d by less)			•				
1	randomised trial			no serious indirectness	serious ³	none	20	28	-	SMD -0.28 (- 0.86 to 0.29)	⊕⊕⊕O MODERATE

¹ Possible publication bias

² Compatible with benefit and no benefit

³ Sparse data

Group-based cognitive and behavioural intervention versus other psychosocial interventions (peer support or health education)

Quality acc	accmant					Summary of	findings				
Quality ass	essment						No of patient	S	Effect		
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Group-based CBT	Other psychoso cial intervent ions	Relative (95% CI)	Absolute	Quality
Depression	(end of treatm	nent) (Better ind	licated by less)		_						
5	randomised	no serious	no serious	no serious	serious ¹	none	257	209	-	SMD 0.09 (-0.09	⊕⊕⊕O

	tr	rial	limitations	inconsistency	indirectness						to 0.28)	MODERATE
De	epression (f	follow-up - le	ess than 6-mont	hs) (Better india	cated by less)							
4	ra	andomised	no serious	no serious	no serious	serious ¹	none	188	100		SMD 0.15 (-0.08	⊕⊕⊕O
	tr	rial	limitations	inconsistency	indirectness			166	132	-	to 0.37)	MODERATE

¹ Compatible with benefit and no benefit

Group existential therapy versus standard care

Quality assessment								Summary of findings					
Quality ass									Effect				
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other	existential	standard care	Relative (95% CI)	Absolute	Quality		
Depression	Depression - BDI-21 (end of treatment) (Better indicated by less)												
1			no serious inconsistency	serious ¹	serious ^{2,3}	none	40	33	-	SMD 0.03 (-0.43 to 0.49)	⊕⊕OO LOW		
Depression	n - HADS (cha	nge score - end o	of treatment) (Be	etter indicated	l by less)	-							
1				no serious indirectness	serious ^{2,3}	none	15	15	-	`	⊕⊕⊕O MODERATE		
Non-remise	sion (still mee	ting diagnosis o	f depression) - e	end of treatme	ent	<u>.</u>				•			
1	randomised trial			no serious indirectness	serious ^{2,3}	none	13/34	12/20	(0.37 to 1.11)	216 fewer per 1000 (from 378 fewer to 66 more)	⊕⊕OO LOW		

¹ Subthreshold depression

² Sparse data

³ Effect compatible with benefit and no benefit

⁴ Outcomes reported for a subgroup

Pharmacological Interventions

SSRI vs Placebo

			Juality account		9	Summary o	of findings					
		Ļ	Quality assessme	:II t			No of patients		Effect			
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other consideration s	SSRIs	Placebo	Relative (95% CI)	Absolute	Quality	
Leaving th	e study early:	Any reason										
25	randomised trial	serious ¹	no serious inconsistency		no serious imprecision	none	341/1608 (21.2%)	292/1529 (19.1%)	RR 1.1 (0.96 to 1.27)	19 more per 1000 (from 8 fewer to 50 more)	⊕⊕⊕O MODERATE	
Leaving th	Leaving the Study early: Lack of efficacy											
4	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious ²	none	4/178 (2.2%)	11/180 (4.7%)	RR 0.43 (0.16 to 1.16)	25 fewer per 1,000	⊕⊕⊕0 MODERATE	
Leaving th	e Study early:	Due to adverse	events									
11	randomised trial	serious ¹	no serious inconsistency		no serious imprecision	none	55/841 (6.5%)	27/820 (3.3%)	RR 1.89 (1.23 to 2.89)	27 more per 1,000	⊕⊕⊕0 MODERATE	
Depression	n: 1. Not achie	ving success/ re	mission (reachir	g a specified	cut off) - obse	erver rated						
14	randomised trial	serious ¹	no serious inconsistency		no serious imprecision	none	355/633 (56.1%)	394/564 (69.9%)	RR 0.81 (0.74 to 0.88)	140 fewer per 1,000	⊕⊕⊕O MODERATE	

Depressio	Depression: 2. Non-response (not achieving 50% reduction from baseline) - patient rated e.g. HADS, BDI												
3	trial	no serious limitations		no serious indirectness	serious ²	none	65/139 (46.8%)	85/140 (66.7%)	RR 0.73 (0.44 to 1.22)	180 fewer per 1,000	⊕⊕OO LOW		
Depressio	Depression: 2. Non-response (not achieving 50% reduction from baseline) - observer rated e.g. HAMD, MADRS												
17	randomised trial	serious ¹	serious ³	no serious indirectness	no serious imprecision	none	328/677 (48.4%)	402/656 (61.3%)	RR 0.83 (0.71 to 0.97)	109 fewer per 1,000	⊕⊕OO LOW		
Depressio	Depression: 3. Patient-rated Continuous measures (Better indicated by less)												
13	randomised trial	serious	no serious inconsistency	no serious indirectness	no serious imprecision	none	468	455	-	SMD -0.17 (-0.3 to -0.04)	⊕⊕⊕O MODERATE		
Depressio	on: 4. Observer	-rated Continuo	ous measures (Be	etter indicated	by less)								
25	randomised trial	serious	serious	no serious indirectness	no serious imprecision	none	1086	1030	-	SMD -0.33 (- 0.47 to -0.19)	⊕⊕OO LOW		
QoL: 1. co	ontinuous meas	sures e.g. SQOL	I, FACT-G (Bette	er indicated b	y less)								
7	randomised trial	serious	no serious inconsistency	no serious indirectness	no serious imprecision	none	263	261	-	SMD -0.27 (- 0.44 to -0.1)	⊕⊕⊕O MODERATE		
Physical o	outcome / QoL	- General physi	ical functioning/	wellbeing (SI	F-36 physical	component) (Be	etter indicated	by less)					
5	randomised trial	serious		no serious indirectness	no serious imprecision	none	168	170	-	SMD 0.02 (-0.19 to 0.23)	⊕⊕⊕O MODERATE		

¹ some studies did not clearly report whether double blinded

² CIs compatible with benefit and no benefit ³ I-squared >50%

TCA vs Placebo

		0	uality assessme	Summary of findings							
		Q	uality assessmen	No of patients		Effect		Ouality			
No of	No of Design Limitations Inconsistency Indirectness Imprecision Other								Relative	Absolute	Quanty

studies						consideratio			(95% CI)		
-						ns					
Leaving the	e study early: A	Any reason									
6	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	40/150 (26.7%)	31/152 (20.4%)	RR 1.33 (0.88 to 2.01)	108 more per 1,000	⊕⊕⊕O MODERATE
Leaving du	e to adverse e	vents									
5	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	23/118 (19.5%)	12/121 (9.9%)	RR 2.00 (1.06 to 3.78)	111 more per 1,000	⊕⊕⊕⊕ HIGH
Depression	n: 1. Non-respo	onse (<50% impr	ovement) - obse	rver rated							
5	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	45/112 (38.9%)	84/112 (76.5%)	RR 0.53 (0.41 to 0.68)	374 fewer per 1,000	⊕⊕⊕⊕ HIGH
Depression	n: 2. Non-remis	sion - patient ra	ted	•	•	•			•		
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	very serious ^{1,2}	none	11/35 (31.4%)	17/40 (47.5%)	RR 0.71 (0.4 to 1.29)	137 fewer per 1,000	⊕⊕OO LOW
Depression	n: 3. Continuou	is measures (Cha	ange score) - pat	ient rated	•	•					
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious ²	none	25	27	-	SMD -0.58 (- 1.14 to -0.02)	⊕⊕⊕O MODERATE
Depression	n: 3. Continuou	is measures (Cha	ange score) - obs	erver rated							
8	randomised trial	no serious limitations vith honofit and	no serious inconsistency	no serious indirectness	no serious imprecision	none	151	173	-	SMD -0.69 (- 0.92 to -0.47)	⊕⊕⊕⊕ HIGH

¹ CIs compatible with benefit and no benefit

² two small studies

Mianserin vs Placebo

Quality assessment

Summary of findings

							No of pa	tients		Effect	
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other consideratio ns	Mianserin	Placebo	Relative (95% CI)	Absolute	Quality
Leaving the	e Study early:	Any reason - At	end of treatmen	t - Cancer	•	•					
2	randomised trial	no serious limitations	no serious inconsistency		no serious imprecision	none	13/64 (20.3%)	30/64 (48.1%)	RR 0.43 (0.25 to 0.75)	274 fewer per 1,000	⊕⊕⊕⊕ HIGH
Leaving the	e study early d	lue to lack of eff	icacy - At end of	treatment - C	ancer						
	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	2/64 (3.1%)	13/64 (23.1%)	RR 0.18 (0.05 to 0.65)	189 fewer per 1,000	⊕⊕⊕⊕ HIGH
Leaving the	e Study early:	Due to adverse	events - At end o	of treatment - (Cancer						
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	2/28 (7.1%)	4/27 (14.8%)	RR 0.48 (0.1 to 2.42)	76 fewer per 1,000	⊕⊕⊕O MODERATE
Depression	: 2. Non-respo	onse (not achievi	ng 50% reductio	n from baseli	ne) - observer	rated e.g. HAN	MD, MADRS -	At end of	treatment	t - Cancer	
2	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious ²	none	17/64 (26.6%)	36/64 (57.2%)	RR 0.47 (0.3 to 0.74)	303 fewer per 1,000	⊕⊕⊕O MODERATE
Depression	: 3. Patient-rat	ed Continuous	measures (Better	indicated by	less)						
	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious ³	none	36	37	-	SMD -0.5 (-0.96 to -0.03)	⊕⊕⊕O MODERATE
Depression	: 4. Observer-	rated Continuou	s measures - Me	ean Change - C	Cancer (Better	indicated by lo	ess)				
	randomised trial	no serious limitations	serious ⁴		no serious imprecision	none	75	75	-	SMD -0.52 (- 0.85 to -0.2)	⊕⊕⊕O MODERATE

¹ clear heterogeneity by visual inspection ² 2 small studies

³1 small study

⁴ No explanation was provided

SSRIs vs TCAs

)	Summary of findings							
		Ç	Quality assessme	ent			No of pa	tients		Effect	
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other consideratio ns	Head-to- head SSRI	TCA	Relativ e (95% CI)	Absolute	Quality
Leaving the	e study early -	any reason									
10	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	no serious imprecision	none	68/355 (19.2%)	84/344 (24.4%)	RR 0.77 (0.58 to 1.01)	83 fewer per 1,000	⊕⊕⊕⊕ HIGH
Leaving stu	ıdy early due t	o adverse event	S								
8	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	30/228 (13.2%)	34/213 (16%)	RR 0.81 (0.52 to 1.27)	55 fewer per 1,000	⊕⊕⊕O MODERATE
Leaving stu	dy early due t	o adverse cardia	ac events								
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious ²	none	1/41 (2.4%)	7/40 (17.5%)	RR 0.14 (0.02 to 1.08)	150 fewer per 1,000	⊕⊕⊕O MODERATE
Leaving the	e study early: I	Oue to lack of ef	fficacy - At end o	of treatment							
1	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious ²	none	2/13 (15.4%)	2/11 (18.2%)	RR 0.85 (0.14 to 5.06)	27 fewer per 1,000	⊕⊕⊕O MODERATE
Depression	: 1. Remission	(below cut-off)									
5	randomised trial	no serious limitations	no serious inconsistency	no serious indirectness	serious ¹	none	43/87 (48.6%)	34/83 (46%)	RR 1.22 (0.88 to 1.67)	73 more per 1,000	⊕⊕⊕O MODERATE
Depression	: 2. Non-respo	nse (<50% redu	ction)								
8	randomised	no serious	no serious	no serious	serious ¹	none	150/311	155/314	RR 0.97	49 fewer per	$\oplus \oplus \oplus \Theta$

	trial	limitations	inconsistency	indirectness			(48.2%)	(49.4%)	(0.83 to 1.14)	1,000	MODERATE
Depression	: 3. Continuou	is measures - ob	server rated scal	es (Better indi	icated by less)				,	Į Į	
9	randomised trial	no serious limitations	serious		no serious imprecision	none	241	230	-	SMD 0.04 (-0.14 to 0.22)	⊕⊕⊕O MODERATE
Physical he	alth outcome:	1. MMSE - PD -	At end of treatm	nent (Better in	dicated by les	ss)					
2	randomised trial			no serious indirectness	serious	none	26	24	-	MD -0.11 (-1.34 to 1.12)	⊕⊕⊕O MODERATE

¹ CIs compatible with benefit and no benefit ² Just one study