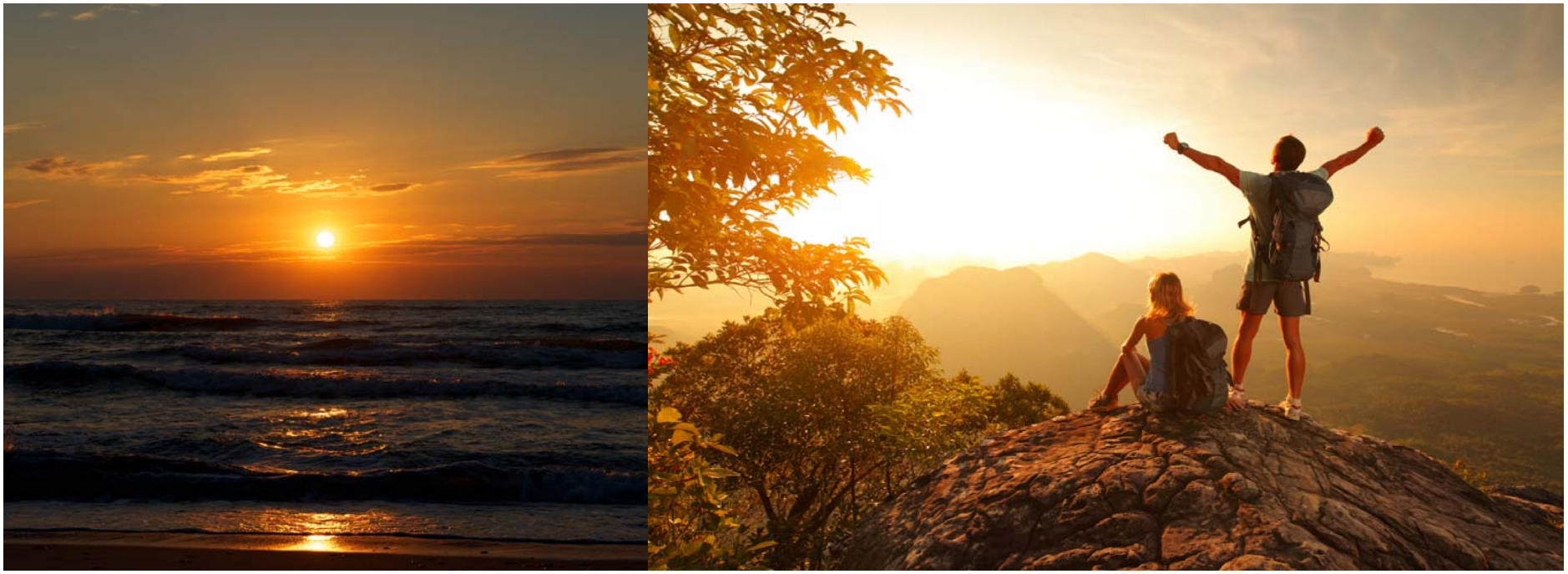
KCE REPORT 230S

Federaal Kenniscentrum voor de Gezondheidszorg
Centre Fédéral d'Expertise des Soins de Santé
Belgian Health Care Knowledge Centre

THE LONG-TERM EFFICACY OF PSYCHOTHERAPY, ALONE OR IN COMBINATION WITH ANTIDEPRESSANTS, IN THE TREATMENT OF ADULT MAJOR DEPRESSION

APPENDIX



KCE REPORT 230S
GOOD CLINICAL PRACTICE

Federaal Kenniscentrum voor de Gezondheidszorg
Centre Fédéral d'Expertise des Soins de Santé
Belgian Health Care Knowledge Centre

THE LONG-TERM EFFICACY OF PSYCHOTHERAPY, ALONE OR IN COMBINATION WITH ANTIDEPRESSANTS, IN THE TREATMENT OF ADULT MAJOR DEPRESSION

APPENDIX

EIRINI KARYOTAKI, YOLBA SMIT, PIM CUIJPERS, MONIQUE DEBAUCHE, TOM DE KEYSER, HILDE HABRAKEN, WILLIAM PITCHOT, FILIP RAES, DOMINIQUE SALOMEZ, BENOIT GILLAIN, NICOLAS FAIRON, DOMINIQUE PAULUS, JO ROBAYS, KIRSTEN HOLDT HENNINGSEN

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COLOPHON

Title:	The long-term efficacy of psychotherapy, alone or in combination with antidepressants, in the treatment of adult major depression – Supplement
Authors:	Eirini Karyotaki (VU Amsterdam), Yolba Smit (VU Amsterdam), Pim Cuijpers (VU Amsterdam), Monique Debauche (Plate-forme Scientifique Psychotropes, SPF Santé Publique – FOD Volksgezondheid), Tom De Keyser (UZ Gent), Hilde Habraken (Farmaka), William Pitchot (CHU Liège, Société Royale de Médecine Mentale de Belgique (SRMMB)), Filip Raes (KU Leuven), Dominique Salomez (Clinique La Ramée Fond'roy), Benoit Gillain (Clinique Saint-Pierre, Société Royale de Médecine Mentale de Belgique (SRMMB)), Nicolas Fairon (KCE), Dominique Paulus (KCE), Jo Robays (KCE), Kirsten Holdt Henningsen (KCE)
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External validators:	Patrick Vankrunkelsven (voorzitter), Martine Goossens (methodological expert), Erik Verhaeghen (AZ Diest)
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Other reported interests:	Membership of a stakeholder group on which the results of this report could have an impact: Filip Raes (Vlaamse Vereniging voor Gedragstherapie), Emmanuelle Zech (Association Francophone de Psychothérapie Expérientielle et Centrée sur la Personne) Owner of subscribed capital, options, shares or other financial instruments: Pim Cuijpers Fees or other compensation for writing a publication or participating in its development: Tom Declercq (author guideline 'Depression' by Domus Medica, author of several articles (e.g. on anti-depressive agents in Minerva), Hilde Habraken (author guideline 'Depression' by Domus Medica), Filip Raes (scientific coordinator of the research on the effect of Mindfulness-based cognitive therapy)

	A grant, fees or funds for a member of staff or another form of compensation for the execution of research: Kurt Audenaert, Pim Cuijpers Consultancy or employment for a company, an association or an organisation that may gain or lose financially due to the results of this report: Benoît Gillain (pharmaceutical industry), William Pitchot (pharmaceutical industry) Payments to speak, training remuneration, subsidised travel or payment for participation at a conference: Kurt Audenaert (speakers fee from pharmaceutical industry or other organisations), Pim Cuijpers, Benoît Gillain (pharmaceutical industry), William Pitchot (pharmaceutical industry) Presidency or accountable function within an institution, association, department or other entity on which the results of this report could have an impact: Benoît Gillain (director of Service de Santé Mentale), William Pitchot (president of Société Royale de Médecine Mentale de Belgique), Filip Raes (Vlaamse Vereniging voor Gedragstherapie) Participation in scientific or experimental research as an initiator, principal investigator or researcher: Kurt Audenaert (clinical studies pharmaceutical industry), Pim Cuijpers (clinical studies on the effect of psychological interventions in depression). Members of the KCE team (Jo Robays, Dominique Paulus and Kirsten Holdt Henningsen) did not report any conflicts of interest.
Layout:	Ine Verhulst

Disclaimer:	• **The external experts were consulted about a (preliminary) version of the scientific report. Their comments were discussed during meetings. They did not co-author the scientific report and did not necessarily agree with its content.** • **Subsequently, a (final) version was submitted to the validators. The validation of the report results from a consensus or a voting process between the validators. The validators did not co-author the scientific report and did not necessarily all three agree with its content.** • **Finally, this report has been approved by common assent by the Executive Board.** • **Only the KCE is responsible for errors or omissions that could persist. The policy recommendations are also under the full responsibility of the KCE.**

Publication date:	02 October 2014
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NLM Classification:	WM 171.5

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This document is available on the website of the Belgian Health Care Knowledge Centre.

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1. COMPOSITION OF THE GUIDELINE DEVELOPMENT GROUP

1.1. Composition of the Guideline Development Group

Clinicians	Field of expertise, affiliations
Kurt Audenaert	Psychiatrist, Department of Psychiatry and Medicine, Universiteit Gent
Tom Declercq	General Practitioner, Workgroup general practioners, Ugent
Tom Dekeyser	Psychologist, Department of Psychiatry and Medicine, Universiteit Gent
Benoît Gillain	Psychiatrist, Clinique Saint-Pierre, Société Royale de Médecine Mentale de Belgique (SRMMB)
Hilde Habraken	Scientific assistant, Farmaka
Filip Raes	Clinical and Research Psychologist, Associate Professor, Faculty of Psychology and Educational Sciences, KU Leuven
Jan Saevels	Pharmacist, Association Pharmaceutique Belge
Dominique Salomez	Nurse, Association francophone des infirmières spécialisées en santé mentale et psychiatrique (AFIP), Clinique La Ramée Fond'roy
Griet Verhoeven	Psychiatric Nurse, Vlaamse Verpleegunie (NVKVV)
Emmanuelle Zech*	Psychologist, KU Leuven, AFPC (Association Francophone de Psychothérapie Expérientielle et Centrée sur la Personne)

** Emmanuelle Zech did not agree to some of the content of this report, and in particular she disagrees with the classification used for the various types of psychotherapies. She consequently did not wish to be co-author.*

1.2. Composition of the KCE expert team

KCE member	Specific role
Kristel De Gauquier	Programme Director
Dominique Paulus	Project Coordinator
Kirsten Holdt Henningsen	Principle Investigator
Jo Robays	Scientific research and methodological support

1.3. Researchers involved in the guideline

Subcontractor	Specific role
Pim Cuijpers	Primary Investigator
Eirini Karyotaki	Junior researcher
Yolba Smit	Scientific research and methodological support

2. SEARCH STRATEGIES

2.1. Treatment: Search strategies for systematic reviews and meta-analyses

Date	20-06-2013
Database	PubMed (Medline)
Search Strategy	(Psychotherapy[MH] OR psychotherap*[All Fields] OR cbt[All Fields] OR "behavior therapies"[All Fields] OR "behavior therapy"[All Fields] OR "behavior therapeutic"[All Fields] OR "behavior therapeutical"[All Fields] OR "behavior therapeutics"[All Fields] OR "behavior therapeutist"[all Fields] OR "behavior therapeutists"[All Fields] OR "behavior treatment"[All Fields] OR "behavior treatments"[All Fields] OR "behaviors therapies"[All Fields] OR "behaviors therapy"[All Fields] OR "behaviors therapeutics"[All Fields] OR "behaviors therapeutic"[All Fields] OR "behaviors therapeutical"[All Fields] OR "behaviors therapeutist"[All Fields] OR "behaviors therapeutists"[All Fields] OR "behaviors treatment"[All Fields] OR "behaviors treatments"[All Fields] OR "behavioral therapies"[All Fields] OR "behavioral therapy"[All Fields]

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OR treatment*[All Fields]))
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AND constructivist*[All Fields])
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AND (Depressive Disorder[MH]
OR Depression[MH]
OR dysthymi*[All Fields]
OR "affective disorder"[All Fields]
OR "affective disorders"[All Fields]
OR "mood disorder"[All Fields]
OR "mood disorders"[All Fields]
OR depression*[All Fields]
OR depressive*[All Fields]

OR "dysthymic disorder"[MeSH Terms])
AND (systematic review [ti]
OR meta-analysis [pt]
OR meta-analysis [ti]
OR systematic literature review [ti]
OR (systematic review [tiab]
AND review [pt])
OR consensus development conference [pt]
OR practice guideline [pt]
OR cochrane database syst rev [ta]
OR acp journal club [ta]
OR health technol assess [ta]
OR evid rep technol assess summ [ta]
OR drug class reviews [ti])
OR (clinical guideline [tw]
AND management [tw])
OR ((evidence based[ti]
OR evidence-based medicine [mh]
OR best practice* [ti]
OR evidence synthesis [tiab])
AND (review [pt]
OR diseases category[mh]
OR behavior and behavior mechanisms [mh]
OR therapeutics [mh]
OR evaluation studies[pt]
OR validation studies[pt]
OR guideline [pt]
OR pmcbook))
OR ((systematic [tw]

	OR systematically [tw] OR critical [tiab] OR (study selection [tw]) OR(predetermined [tw] OR inclusion [tw] AND criteri* [tw]) OR exclusion criteri* [tw] OR main outcome measures [tw] OR standards
Results: 1,520	

Date	19-06-2013
Database	Embase (embase.com)
Search Strategy	#1 'psychotherapy'/exp OR 'psychotherapy' OR 'psychotherapies' OR 'psychotherapeutics' OR 'psychotherapeutical' OR 'cognitive therapy'/exp OR 'cognitive behavior therapy'/exp OR 'behavior therapy'/exp OR ´cbt´ OR ´cognitive behavioural therapy´ OR ´cognitive behavioural therapies´ OR cognitive behavioral therapy´ OR 'cognitive behavioral therapies' OR 'behavior therapy' OR 'behavior therapies' OR 'behaviour therapy' OR 'behaviour therapies' OR 'cognition therapy' OR 'cognitive therapies' OR 'cognitive therapy' OR 'cognitive therapeutic' OR 'cognitive therapeutics' OR 'cognitive therapeutical' OR 'cognitive therapeutist' OR 'cognitive therapeutists' OR 'cognitive treatment' OR 'cognitive treatments' OR 'cognitive restructuring' OR 'cognition therapies' OR 'cognition therapie' OR 'cognition therapeutical' OR 'cognition therapeutic' OR 'cognition therapeutics' OR 'cognition therapeutist' OR 'cognition therapeutists' OR 'cognition treatment' OR 'cognition treatments' OR 'behavior therapeutic' OR 'behavior therapeutical' OR 'behavior therapeutics' OR 'behavior therapeutist' OR 'behavior therapeutists' OR 'behavior treatment' OR 'behavior treatments' OR 'behaviors therapies' OR 'behaviors therapy' OR 'behaviors therapeutics' OR 'behaviors therapeutic' OR 'behaviors therapeutical' OR 'behaviors therapeutist' OR 'behaviors therapeutists' OR 'behaviors treatment' OR 'behaviors treatments' OR 'behavioral therapies' OR 'behavioral therapy' OR 'behavioral therapeutics' OR 'behavioral therapeutic' OR 'behavioral therapeutical' OR 'behavioral therapeutist' OR 'behavioral therapeutists' OR 'behavioral treatment' OR 'behavioral treatments' OR 'behaviour therapeutic' OR 'behaviour therapeutical' OR 'behaviour therapeutics' OR 'behaviour therapeutist' OR 'behaviour therapeutists' OR 'behaviour treatment' OR 'behaviour treatments' OR 'behaviours therapies' OR 'behaviours therapy' OR 'behaviours therapeutics' OR 'behaviours therapeutic' OR 'behaviours therapeutical' OR 'behaviours therapeutist' OR 'behaviours therapeutists' OR 'behaviours treatment' OR 'behaviours treatments' OR 'behavioural therapies' OR 'behavioural therapy' OR 'behavioural therapeutics' OR 'behavioural therapeutic' OR 'behavioural therapeutical' OR 'behavioural therapeutist' OR 'behavioural therapeutists' OR 'behavioural treatment' OR 'behavioural treatments' OR 'behavior activation' OR 'behaviors activation' OR 'behavioral activation' OR 'behaviour activation' OR 'behaviours activation' OR 'behavioural activation' OR 'psychoanalytic therapy'/exp OR 'psychodynamic' OR 'psychodynamical' OR 'psychoanalysis' OR 'psychoanalytical' OR 'counselling'/exp OR 'counseling'/exp OR 'counselling' OR 'counseling' OR 'problem-solving' OR 'problem solving' OR 'supportive therapy' OR 'metacognitive therapy' OR 'metacognitive therapies' OR 'metacognitive therapeutic' OR 'metacognitive therapeutics' OR 'metacognitive therapeutical' OR 'metacognitive therapeutist' OR 'metacognitive therapeutists' OR 'metacognitive treatment' OR 'metacognitive treatments' OR 'meta-cognitive therapy' OR 'meta-cognitive therapies' OR 'meta-cognitive therapeutic' OR 'meta-cognitive therapeutics' OR 'meta-cognitive therapeutical' OR 'meta-cognitive therapeutist' OR 'meta-cognitive therapeutists' OR 'meta-cognitive treatment' OR 'meta-cognitive treatments' OR 'solution-focused therapies' OR 'solution focused therapies' OR 'solution-focussed therapies' OR 'solution focused therapies' OR 'solution-focused therapy' OR 'solution focused therapy' OR 'solution-focussed therapy' OR 'solution focused therapy' OR 'solution-focused therapeutic' OR 'solution focused therapeutic' OR 'solution-focussed therapeutic' OR 'solution focussed therapeutic' OR 'solution-focused therapeutics' OR 'solution focused therapeutics' OR 'solution-focussed therapeutics' OR 'solution focused therapeutics'

	OR 'solution-focused therapeutical' OR 'solution focused therapeutical' OR 'solution-focussed therapeutical' OR 'solution focused therapeutical' OR 'self-control therapies' OR 'self control therapies' OR 'self-control therapy' OR 'self control therapy' OR 'self-control therapeutics' OR 'self control therapeutics' OR 'self-control therapeutical' OR 'self control therapeutical' OR 'self-control therapeutic' OR 'self control therapeutic' OR 'self-control training' OR 'self control training' OR 'self control trainings' OR 'self-control trainings' OR 'mindfulness' OR 'acceptance commitment' OR 'acceptance and commitment' OR 'assertiveness training' #2 'compassion-focused' OR 'compassion-focussed' OR 'compassion focused' OR 'compassion focussed' OR 'constructivist' OR 'constructivists' #3 'therapies' OR 'therapy' OR 'therapeutics' OR 'therapist' OR 'treatment' OR 'treatments' #4 Combine: #2 AND #3 #5: #1 OR #4 #6 'depressive disorder'/exp OR 'depression'/exp OR 'depressive' OR 'major depression'/exp OR 'major depressive disorder'/exp OR 'depression' OR 'depressions' OR 'depressive' OR 'dysthymic disorder'/exp OR 'dysthymic disorder' OR 'dysthymia'/exp OR 'dysthymic' OR 'mood disorder'/exp OR 'affective disorder'/exp OR 'affective disorder' OR 'affective disorders' OR 'mood disorder' OR 'mood disorders' Combine: #5 AND #6 Filters: Language: English, Dutch, German, French Study typies: Meta-analysis or Systematic Review Results: 1,883

Date	19-06-2013
Database	PsycInfo (Ebsco)

Search Strategy	(DE "Psychotherapy" OR "Psychotherapy" OR "psychotherapies" OR "psychotherapeutic" OR "psychotherapeutical" OR "psychotherapeutics" OR DE "Behavior Therapy" OR DE "Cognitive Behavior Therapy" OR "CBT" OR "behavior therapies" OR "behavior therapy" OR "behavior therapeutic" OR "behavior therapeutical" OR "behavior therapeutics" OR "behavior therapeutist" OR "behavior therapeutists" OR "behavior treatment" OR "behavior treatments" OR "behaviors therapies" OR "behaviors therapy" OR "behaviors therapeutics" OR "behaviors therapeutic" OR "behaviors therapeutical" OR "behaviors therapeutist" OR "behaviors therapeutists" OR "behaviors treatment" OR "behaviors treatments" OR "behavioral therapies" OR "behavioral therapy" OR "behavioral therapeutics" OR "behavioral therapeutic" OR "behavioral therapeutical" OR "behavioral therapeutist" OR "behavioral therapeutists" OR "behavioral treatment" OR "behavioral treatments" OR "behaviour therapies" OR "behaviour therapy" OR "behaviour therapeutic" OR "behaviour therapeutical" OR "behaviour therapeutics" OR "behaviour therapeutist" OR "behaviour therapeutists" OR "behaviour treatment" OR "behaviour treatments" OR "behaviours therapies" OR "behaviours therapy" OR "behaviours therapeutics" OR "behaviours therapeutic" OR "behaviours therapeutical" OR "behaviours therapeutist" OR "behaviours therapeutists" OR "behaviours treatment" OR "behaviours treatments" OR "behavioural therapies" OR "behavioural therapy" OR "behavioural therapeutics" OR "behavioural therapeutic" OR "behavioural therapeutical" OR "behavioural therapeutist" OR "behavioural therapeutists" OR "behavioural treatment" OR "behavioural treatments" OR "cognition therapies" OR "cognition therapie" OR "cognition therapy" OR "cognition therapeutical" OR "cognition therapeutic" OR "cognition therapeutics" OR "cognition therapeutist" OR "cognition therapeutists" OR "cognition treatment" OR "cognition treatments" OR "cognitive therapies" OR "cognitive therapy" OR "cognitive therapeutic" OR "cognitive therapeutics" OR "cognitive therapeutical" OR "cognitive therapeutist" OR "cognitive therapeutists" OR "cognitive treatment" OR "cognitive treatments" OR "cognitive restructuring" OR DE "Emotion Focused Therapy" OR DE "Psychoanalysis" OR "psychoanalysis" OR "psychoanalytic" OR "psychoanalytical "OR DE "Psychodynamic Psychotherapy" OR "psychodynamic" OR DE "Psychotherapeutic Counseling" OR "counselling" OR "counseling" OR "problem-solving" OR "problem solving" OR "mindfulness" OR ("acceptance" AND "commitment") OR "assertiveness training" OR "behavior activation" OR "behaviors activation" OR "behavioral activation" OR "behaviour activation" OR "behaviours activation" OR "behavioural activation" OR "metacognitive therapies" OR "metacognitive therapy" OR "metacognitive therapeutic" OR "metacognitive therapeutics" OR "metacognitive therapeutical" OR "metacognitive therapeutist" OR "metacognitive therapeutists" OR "metacognitive treatment" OR "metacognitive treatments" OR "meta-cognitive therapies" OR "meta-cognitive therapy" OR "meta-cognitive therapeutic" OR "meta-cognitive therapeutics" OR "meta-cognitive therapeutical" OR "meta-cognitive therapeutist" OR "meta-cognitive therapeutists" OR "meta-cognitive treatment" OR "meta-cognitive treatments" OR DE "Solution Focused Therapy" OR "solution-focused therapies" OR "solution-focused therapy" OR "solution-focused therapeutic" OR "solution-focused therapeutics" OR "solution-focused therapeutical" OR "solution-focussed therapies" OR "solution-focussed therapy" OR "solution-focussed therapeutic" OR "solution-focussed therapeutics" OR "solution-focussed therapeutical" OR "solution focused therapies" OR "solution focused therapy" OR "solution focused therapeutic" OR "solution focused therapeutics" OR "solution focused therapeutical" OR "solution focussed therapies" OR "solution focussed therapy" OR "solution focussed therapeutic" OR "solution focussed therapeutics"

	OR "solution focussed therapeutical" OR "self-control therapies" OR "self-control therapy" OR "self-control therapeutics" OR "self-control therapeutical" OR "self-control therapeutic" OR "self-control training" OR "self-control trainings" OR "self control therapies" OR "self control therapy" OR "self control therapeutics" OR "self control therapeutical" OR "self control therapeutic" OR "self control training" OR "self control trainings" OR (("compassion-focused" OR "compassion-focussed" OR "compassion focused" OR "compassion focussed") AND ("therapies" OR "therapy" OR "therapie" OR "therapist" OR "therapists" OR "therapeut" OR "treatment" OR "treatments")) OR ("constructivist" AND ("therapies" OR "therapy" OR "therapie" OR "therapist" OR "therapists" OR "therapeut" OR "treatment" OR "treatments"))) AND (DE "Depression (Emotion)" "depressive disorder" OR "depression" OR "depressions" OR "depressive" OR DE "Major Depression" OR "major depression" OR "major depressive disorder" OR DE "Dysthymic Disorder" OR "Dysthymia" OR " dysthymic disorder" OR DE "Affective Disorders" OR "Affective Disorder" OR "affective disorders" OR "Mood Disorder" OR "Mood disorders") Limited to: Methodology is ME= (Systematic Review OR Meta-analysis) : papers Results: 661

Date	**19-06-2013**
Database	Cochrane Library (cochranelibrary.com)
Search Strategy	#1 MeSH descriptor: [Depressive Disorder] explode all trees : 6, 777 #2 "depress*" (Word variations have been searched) : 51, 768 #3 #1 or #2 : 51, 783 #4 "major depressive disorder" (Word variations have been searched) : 5, 435 #5 #3 or #4 : 51, 783 #6 MeSH descriptor: [Dysthymic Disorder] explode all trees : 129 #7 "dysthymi*" (Word variations have been searched) : 649 #8 #6 or #7 : 649 #9 #5 or #8 : 51, 800 #10 "mood disorder" (Word variations have been searched) :4, 034 #11 "affective disorder" (Word variations have been searched) : 2, 882 #12 #10 or #11 : 6, 055 #13 #9 or #12 : 53, 227

#14	MeSH descriptor: [Psychotherapy] explode all trees : 13, 568
#15	"psychotherap*" (Word variations have been searched) : 7, 758
#16	"CBT" (Word variations have been searched) : 2, 029
#17	"Cognitive Behav* therap* (Word variations have been searched) : 8, 893
#18	#14 or #15 or #16 or #17 : 20, 795
#19	'psychodynamic" (Word variations have been searched) : 469
#20	MeSH descriptor: [Psychoanalysis] explode all trees : 13
#21	"psychoanaly*" (Word variations have been searched) : 345
#22	MeSH descriptor: [Counseling] explode all trees : 2, 783
#23	"counseling*" (Word variations have been searched) : 6, 913
#24	"problem solving" (Word variations have been searched) : 2, 867
#25	#18 or #19 or #20 or #21 or #22 or #23 or #24 : 28, 149
#26	"acceptance commitment" (Word variations have been searched) : 168
#27	"assertiveness training" (Word variations have been searched) :231
#28	"behavior activation" (Word variations have been searched) : 663
#29	"mindfulness" (Word variations have been searched) : 466
#30	"metacognitive therap*" (Word variations have been searched) :56
#31	"solution focused therap*" (Word variations have been searched) :858
#32	"self control training" (Word variations have been searched): 5850

2.2. Treatment: Search strategies for RCTs

Date	**19-06-2013**
Database	PubMed (Medline)
Search Strategy	
	(Psychotherapy[MH] OR psychotherap*[All Fields] OR cbt[All Fields] OR "behavior therapies"[All Fields]

OR "behavior therapy"[All Fields]
OR "behavior therapeutic"[All Fields]
OR "behavior therapeutical"[All Fields]
OR "behavior therapeutics"[All Fields]
OR "behavior therapeutist"[all Fields]
OR "behavior therapeutists"[All Fields]
OR "behavior treatment"[All Fields]
OR "behavior treatments"[All Fields]
OR "behaviors therapies"[All Fields]
OR "behaviors therapy"[All Fields]
OR "behaviors therapeutics"[All Fields]
OR "behaviors therapeutic"[All Fields]
OR "behaviors therapeutical"[All Fields]
OR "behaviors therapeutist"[All Fields]
OR "behaviors therapeutists"[All Fields]
OR "behaviors treatment"[All Fields]
OR "behaviors treatments"[All Fields]
OR "behavioral therapies"[All Fields]
OR "behavioral therapy"[All Fields]
OR "behavioral therapeutics"[All Fields]
OR "behavioral therapeutic"[All Fields]
OR "behavioral therapeutical"[All Fields]
OR "behavioral therapeutist"[All Fields]
OR "behavioral therapeutists"[All Fields]
OR "behavioral treatment"[All Fields]
OR "behavioral treatments"[All Fields]
OR "behaviour therapies"[All Fields]
OR "behaviour therapy"[All Fields]
OR "behaviour therapeutic"[All Fields]

OR "behaviour therapeutical"[All Fields]
OR "behaviour therapeutics"[All Fields]
OR "behaviour therapeutist"[all Fields]
OR "behaviour therapeutists"[All Fields]
OR "behaviour treatment"[All Fields]
OR "behaviour treatments"[All Fields]
OR "behaviours therapies"[All Fields]
OR "behaviours therapy"[All Fields]
OR "behaviours therapeutics"[All Fields]
OR "behaviours therapeutic"[All Fields]
OR "behaviours therapeutical"[All Fields]
OR "behaviours therapeutist"[All Fields]
OR "behaviours therapeutists"[All Fields]
OR "behaviours treatment"[All Fields]
OR "behaviours treatments"[All Fields]
OR "behavioural therapies"[All Fields]
OR "behavioural therapy"[All Fields]
OR "behavioural therapeutics"[All Fields]
OR "behavioural therapeutic"[All Fields]
OR "behavioural therapeutical"[All Fields]
OR "behavioural therapeutist"[All Fields]
OR "behavioural therapeutists"[All Fields]
OR "behavioural treatment"[All Fields]
OR "behavioural treatments"[All Fields]
OR "cognition therapies"[All Fields]
OR "cognition therapie"[All Fields]
OR "cognition therapy"[All Fields]
OR "cognition therapeutical"[All Fields]
OR "cognition therapeutic"[All Fields]
OR "cognition therapeutics"[All Fields]

	OR "cognition therapeutist"[All Fields] OR "cognition therapeutists"[All Fields] OR "cognition treatment"[All Fields] OR "cognition treatments"[All Fields] OR psychodynamic[All Fields] OR Psychoanalysis[MH] OR psychoanalysis[All Fields] OR psychoanalytic*[All Fields] OR counselling[All Fields] OR counseling[All Fields] OR Counseling[MH] OR "problem-solving"[All Fields] OR mindfulness[All Fields] OR (acceptance[All Fields] AND commitment[All Fields]) OR "assertiveness training"[All Fields] OR "behavior activation"[All Fields] OR "behaviors activation"[All Fields] OR "behavioral activation"[All Fields] OR "cognitive therapies"[All Fields] OR "cognitive therapy"[All Fields] OR "cognitive therapeutic"[All Fields] OR "cognitive therapeutics"[All Fields] OR "cognitive therapeutical"[All Fields] OR "cognitive therapeutist"[All Fields] OR "cognitive therapeutists"[All Fields] OR "cognitive treatment"[All Fields] OR "cognitive treatments"[All Fields] OR "cognitive restructuring"[All Fields]

OR (("compassion-focused"[All Fields]
OR "compassion-focussed"[All Fields])
AND (therapy[SH]
OR therapies[All Fields]
R therapy[All Fields]
OR therape*[All Fields]
OR therapis*[All Fields]
OR Therapeutics[MH]
OR treatment*[All Fields]))
OR ((therapy[SH]
OR therapies[All Fields]
OR therapy[All Fields]
OR therape*[All Fields]
OR therapis*[All Fields]
OR Therapeutics[MH]
OR treatment*[All Fields])
AND constructivist*[All Fields])
OR "metacognitive therapies"[All Fields]
OR "metacognitive therapy"[All Fields]
OR "metacognitive therapeutic"[All Fields]
OR "metacognitive therapeutics"[All Fields]
OR "metacognitive therapeutical"[All Fields]
OR "metacognitive therapeutist"[All Fields]
OR "metacognitive therapeutists"[All Fields]
OR "metacognitive treatment"[All Fields]
OR "metacognitive treatments"[All Fields]
OR "meta-cognitive therapies"[All Fields]
OR "meta-cognitive therapy"[All Fields]
OR "meta-cognitive therapeutic"[All Fields]
OR "meta-cognitive therapeutics"[All Fields]

OR "meta-cognitive therapeutical"[All Fields]
OR "meta-cognitive therapeutist"[All Fields]
OR "meta-cognitive therapeutists"[All Fields]
OR "meta-cognitive treatment"[All Fields]
OR "meta-cognitive treatments"[All Fields]
OR "solution-focused therapies"[All Fields]
OR "solution-focused therapy"[All Fields]
OR "solution-focused therapeutic"[All Fields]
OR "solution-focused therapeutics"[All Fields]
OR "solution-focused therapeutical"[All Fields]
OR "solution focused therapies"[All Fields]
OR "solution focused therapy"[All Fields]
OR "solution focused therapeutic"[All Fields]
OR "solution focused therapeutics"[All Fields]
OR "solution focused therapeutical"[All Fields]
OR "solution-focussed therapies"[All Fields]
OR "solution-focussed therapy"[All Fields]
OR "solution-focussed therapeutic"[All Fields]
OR "solution-focussed therapeutics"[All Fields]
OR "solution-focussed therapeutical"[All Fields]
OR "solution focussed therapies"[All Fields]
OR "solution focussed therapy"[All Fields]
OR "solution focussed therapeutic"[All Fields]
OR "solution focussed therapeutics"[All Fields]
OR "solution focussed therapeutical"[All Fields]
OR "self-control therapies"[All Fields]
OR "self-control therapy"[All Fields]
OR "self-control therapeutics"[All Fields]
OR "self-control therapeutical"[All Fields]

OR "self-control therapeutic"[All Fields]
OR "self-control training"[All Fields]
OR "self-control trainings"[All Fields]
OR "self control therapies"[All Fields]
OR "self control therapy"[All Fields]
OR "self control therapeutics"[All Fields]
OR "self control therapeutical"[All Fields]
OR "self control therapeutic"[All Fields]
OR "self control training"[All Fields]
OR "self control trainings"[All Fields])
AND (Depressive Disorder[MH]
OR Depression[MH]
OR dysthymi*[All Fields]
OR "affective disorder"[All Fields]
OR "affective disorders"[All Fields]
OR "mood disorder"[All Fields]
OR "mood disorders"[All Fields]
OR depression*[All Fields]
OR depressive*[All Fields]
OR "dysthymic disorder"[MeSH Terms])
AND ((randomized controlled trial [pt]
OR controlled clinical trial [pt]
OR randomized [tiab] OR randomly [tiab]
NOT (animals[mh]
NOT (animals[mh]
AND humans [mh]))
Results: 5,001

Date	19-06-2013
Database	Embase (embase.com)
Search Strategy	#1 'psychotherapy'/exp OR 'psychotherapy' OR 'psychotherapies' OR 'psychotherapeutics' OR 'psychotherapeutical' OR 'cognitive therapy'/exp OR 'cognitive behavior therapy'/exp OR 'behavior therapy'/exp OR ´cbt´ OR ´cognitive behavioural therapy´ OR ´cognitive behavioural therapies´ OR cognitive behavioral therapy´ OR 'cognitive behavioral therapies' OR 'behavior therapy' OR 'behavior therapies' OR 'behaviour therapy' OR 'behaviour therapies' OR 'cognition therapy' OR 'cognitive therapies' OR 'cognitive therapy' OR 'cognitive therapeutic' OR 'cognitive therapeutics' OR 'cognitive therapeutical' OR 'cognitive therapeutist' OR 'cognitive therapeutists' OR 'cognitive treatment' OR 'cognitive treatments' OR 'cognitive restructuring' OR 'cognition therapies' OR 'cognition therapie' OR 'cognition therapeutical' OR 'cognition therapeutic' OR 'cognition therapeutics' OR 'cognition therapeutist' OR 'cognition therapeutists' OR 'cognition treatment' OR 'cognition treatments' OR 'behavior therapeutic' OR 'behavior therapeutical' OR 'behavior therapeutics' OR 'behavior therapeutist' OR 'behavior therapeutists' OR 'behavior treatment' OR 'behavior treatments' OR 'behaviors therapies' OR 'behaviors therapy' OR 'behaviors therapeutics' OR 'behaviors therapeutic' OR 'behaviors therapeutical' OR 'behaviors therapeutist' OR 'behaviors therapeutists' OR 'behaviors treatment' OR 'behaviors treatments' OR 'behavioral therapies' OR 'behavioral therapy' OR 'behavioral therapeutics' OR 'behavioral therapeutic' OR 'behavioral therapeutical' OR 'behavioral therapeutist' OR 'behavioral therapeutists' OR 'behavioral treatment' OR 'behavioral treatments' OR 'behaviour therapeutic' OR 'behaviour therapeutical' OR 'behaviour therapeutics' OR 'behaviour therapeutist' OR 'behaviour therapeutists' OR 'behaviour treatment' OR 'behaviour treatments' OR 'behaviours therapies' OR 'behaviours therapy' OR 'behaviours therapeutics' OR 'behaviours therapeutic' OR 'behaviours therapeutical' OR 'behaviours therapeutist' OR 'behaviours therapeutists' OR 'behaviours treatment' OR 'behaviours treatments' OR 'behavioural therapies' OR 'behavioural therapy' OR 'behavioural therapeutics' OR 'behavioural therapeutic' OR 'behavioural therapeutical' OR 'behavioural therapeutist' OR 'behavioural therapeutists' OR 'behavioural treatment' OR 'behavioural treatments' OR 'behavior activation' OR 'behaviors activation' OR 'behavioral activation' OR 'behaviour activation' OR 'behaviours activation' OR 'behavioural activation' OR 'psychoanalytic therapy'/exp OR 'psychodynamic' OR 'psychodynamical' OR 'psychoanalysis' OR 'psychoanalytical' OR 'counselling'/exp OR 'counseling'/exp OR 'counselling' OR 'counseling' OR 'problem-solving' OR 'problem solving' OR 'supportive therapy' OR 'metacognitive therapy' OR 'metacognitive therapies' OR 'metacognitive therapeutic' OR 'metacognitive therapeutics' OR 'metacognitive therapeutical' OR 'metacognitive therapeutist' OR 'metacognitive therapeutists' OR 'metacognitive treatment' OR 'metacognitive treatments' OR 'meta-cognitive therapy' OR 'meta-cognitive therapies' OR 'meta-cognitive therapeutic' OR 'meta-cognitive therapeutics' OR 'meta-cognitive therapeutical' OR 'meta-cognitive therapeutist' OR 'meta-cognitive therapeutists' OR 'meta-cognitive treatment' OR 'meta-cognitive treatments'

	OR 'solution-focused therapies' OR 'solution focused therapies' OR 'solution-focussed therapies' OR 'solution focused therapies' OR 'solution-focused therapy' OR 'solution focused therapy' OR 'solution-focussed therapy' OR 'solution focused therapy' OR 'solution-focused therapeutic' OR 'solution focused therapeutic' OR 'solution-focussed therapeutic' OR 'solution focussed therapeutic' OR 'solution-focused therapeutics' OR 'solution focused therapeutics' OR 'solution-focussed therapeutics' OR 'solution focused therapeutics' OR 'solution-focused therapeutical' OR 'solution focused therapeutical' OR 'solution-focussed therapeutical' OR 'solution focused therapeutical' OR 'self-control therapies' OR 'self control therapies' OR 'self-control therapy' OR 'self control therapy' OR 'self-control therapeutics' OR 'self control therapeutics' OR 'self-control therapeutical' OR 'self control therapeutical' OR 'self-control therapeutic' OR 'self control therapeutic' OR 'self-control training' OR 'self control training' OR 'self control trainings' OR 'self-control trainings' OR 'mindfulness' OR 'acceptance commitment' OR 'acceptance and commitment' OR 'assertiveness training' #2 'compassion-focused' OR 'compassion-focussed' OR 'compassion focused' OR 'compassion focussed' OR 'constructivist' OR 'constructivists' #3 'therapies' OR 'therapy' OR 'therapeutics' OR 'therapist' OR 'treatment' OR 'treatments' #4 Combine: #2 AND #3 #5: #1 OR #4 #6 'depressive disorder'/exp OR 'depression'/exp OR 'depressive' OR 'major depression'/exp OR 'major depressive disorder'/exp OR 'depression' OR 'depressions' OR 'depressive' OR 'dysthymic disorder'/exp OR 'dysthymic disorder' OR 'dysthymia'/exp OR 'dysthymic' OR 'mood disorder'/exp OR 'affective disorder'/exp OR 'affective disorder' OR 'affective disorders' OR 'mood disorder' OR 'mood disorders' Combine: #5 AND #6 Filters: Language: English, Dutch, German, French Study typies: Rantomized Controlled Trials Results: 4,207

Date	19-06-2013
Database	PsycInfo (Embsco)
Search Strategy	(DE "Psychotherapy" OR "Psychotherapy" OR "psychotherapies" OR "psychotherapeutic" OR "psychotherapeutical" OR "psychotherapeutics" OR DE "Behavior Therapy" OR DE "Cognitive Behavior Therapy" OR "CBT" OR "behavior therapies" OR "behavior therapy" OR "behavior therapeutic" OR "behavior therapeutical" OR "behavior therapeutics" OR "behavior therapeutist" OR "behavior therapeutists" OR "behavior treatment" OR "behavior treatments" OR "behaviors therapies" OR "behaviors therapy" OR "behaviors therapeutics" OR "behaviors therapeutic" OR "behaviors therapeutical" OR "behaviors therapeutist" OR "behaviors therapeutists" OR "behaviors treatment" OR "behaviors treatments" OR "behavioral therapies" OR "behavioral therapy" OR "behavioral therapeutics" OR "behavioral therapeutic" OR "behavioral therapeutical" OR "behavioral therapeutist" OR "behavioral therapeutists" OR "behavioral treatment" OR "behavioral treatments" OR "behaviour therapies" OR "behaviour therapy" OR "behaviour therapeutic" OR "behaviour therapeutical" OR "behaviour therapeutics" OR "behaviour therapeutist" OR "behaviour therapeutists" OR "behaviour treatment" OR "behaviour treatments" OR "behaviours therapies" OR "behaviours therapy" OR "behaviours therapeutics" OR "behaviours therapeutic" OR "behaviours therapeutical" OR "behaviours therapeutist" OR "behaviours therapeutists" OR "behaviours treatment" OR "behaviours treatments" OR "behavioural therapies" OR "behavioural therapy" OR "behavioural therapeutics" OR "behavioural therapeutic" OR "behavioural therapeutical" OR "behavioural therapeutist" OR "behavioural therapeutists" OR "behavioural treatment" OR "behavioural treatments" OR "cognition therapies" OR "cognition therapie" OR "cognition therapy" OR "cognition therapeutical" OR "cognition therapeutic" OR "cognition therapeutics" OR "cognition therapeutist" OR "cognition therapeutists" OR "cognition treatment" OR "cognition treatments" OR "cognitive therapies" OR "cognitive therapy" OR "cognitive therapeutic" OR "cognitive therapeutics" OR "cognitive therapeutical" OR "cognitive therapeutist" OR "cognitive therapeutists" OR "cognitive treatment" OR "cognitive treatments" OR "cognitive restructuring" OR DE "Emotion Focused Therapy" OR DE "Psychoanalysis" OR "psychoanalysis" OR "psychoanalytic" OR "psychoanalytical "OR DE "Psychodynamic Psychotherapy" OR "psychodynamic" OR DE "Psychotherapeutic Counseling" OR "counselling" OR "counseling" OR "problem-solving" OR "problem solving" OR "mindfulness" OR ("acceptance" AND "commitment") OR "assertiveness training" OR "behavior activation" OR "behaviors activation" OR "behavioral activation" OR "behaviour activation" OR "behaviours activation" OR "behavioural activation" OR "metacognitive therapies" OR "metacognitive therapy" OR "metacognitive therapeutic" OR "metacognitive therapeutics" OR "metacognitive therapeutical" OR "metacognitive therapeutist" OR "metacognitive therapeutists" OR "metacognitive treatment" OR "metacognitive treatments" OR "meta-cognitive therapies" OR "meta-cognitive therapy" OR "meta-cognitive therapeutic" OR "meta-cognitive therapeutics" OR "meta-cognitive therapeutical" OR "meta-cognitive therapeutist" OR "meta-cognitive therapeutists" OR "meta-cognitive treatment" OR "meta-cognitive treatments" OR DE "Solution Focused Therapy" OR "solution-focused therapies" OR "solution-focused therapy" OR "solution-focused therapeutic" OR "solution-focused therapeutics" OR "solution-focused therapeutical" OR "solution-focussed therapies" OR "solution-focussed therapy" OR "solution-focussed therapeutic" OR "solution-focussed therapeutics" OR "solution-focussed therapeutical" OR "solution focused therapies" OR "solution focused therapy"

	OR "solution focused therapeutic" OR "solution focused therapeutics" OR "solution focused therapeutical" OR "solution focussed therapies" OR "solution focussed therapy" OR "solution focussed therapeutic" OR "solution focussed therapeutics" OR "solution focussed therapeutical" OR "self-control therapies" OR "self-control therapy" OR "self-control therapeutics" OR "self-control therapeutical" OR "self-control therapeutic" OR "self-control training" OR "self-control trainings" OR "self control therapies" OR "self control therapy" OR "self control therapeutics" OR "self control therapeutical" OR "self control therapeutic" OR "self control training" OR "self control trainings" OR (("compassion-focused" OR "compassion-focussed" OR "compassion focused" OR "compassion focussed") AND ("therapies" OR "therapy" OR "therapie" OR "therapist" OR "therapists" OR "therapeut" OR "treatment" OR "treatments")) OR ("constructivist" AND ("therapies" OR "therapy" OR "therapie" OR "therapist" OR "therapists" OR "therapeut" OR "treatment" OR "treatments"))) AND (DE "Depression (Emotion)" "depressive disorder" OR "depression" OR "depressions" OR "depressive" OR DE "Major Depression" OR "major depression" OR "major depressive disorder" OR DE "Dysthymic Disorder" OR "Dysthymia" OR " dysthymic disorder" OR DE "Affective Disorders" OR "Affective Disorder" OR "affective disorders" OR "Mood Disorder" OR "Mood disorders") Limited to: Methodology is ME=(treatment outcome/clinical trial): papers (June 2013) Results: 2,099

Date	**19-06-2013**
Database	Cochrane Library (cochranelibrary.com)
Search Strategy	#1 MeSH descriptor: [Depressive Disorder] explode all trees : 6, 777 #2 "depress*" (Word variations have been searched) : 51, 768 #3 #1 or #2 : 51, 783 #4 "major depressive disorder" (Word variations have been searched) : 5, 435 #5 #3 or #4 : 51, 783 #6 MeSH descriptor: [Dysthymic Disorder] explode all trees : 129 #7 "dysthymi*" (Word variations have been searched) : 649 #8 #6 or #7 : 649 #9 #5 or #8 : 51, 800 #10 "mood disorder" (Word variations have been searched) :4, 034 #11 "affective disorder" (Word variations have been searched) : 2, 882 #12 #10 or #11 : 6, 055

#13	#9 or #12 : 53, 227
#14	MeSH descriptor: [Psychotherapy] explode all trees : 13, 568
#15	"psychotherap*" (Word variations have been searched) : 7, 758
#16	"CBT" (Word variations have been searched) : 2, 029
#17	"Cognitive Behav* therap* (Word variations have been searched) : 8, 893
#18	#14 or #15 or #16 or #17 : 20, 795
#19	'psychodynamic" (Word variations have been searched) : 469
#20	MeSH descriptor: [Psychoanalysis] explode all trees : 13
#21	"psychoanaly*" (Word variations have been searched) : 345
#22	MeSH descriptor: [Counseling] explode all trees : 2, 783
#23	"counseling*" (Word variations have been searched) : 6, 913
#24	"problem solving" (Word variations have been searched) : 2, 867
#25	#18 or #19 or #20 or #21 or #22 or #23 or #24 : 28, 149
#26	"acceptance commitment" (Word variations have been searched) : 168
#27	"assertiveness training" (Word variations have been searched) :231
#28	"behavior activation" (Word variations have been searched) : 663
#29	"mindfulness" (Word variations have been searched) : 466
#30	"metacognitive therap*" (Word variations have been searched) :56
#31	"solution focused therap*" (Word variations have been searched) :858
#32	"self control training" (Word variations have been searched): 5850
#33	#25 or #26 or #27 or #28 or #29 or #30 or #31 or #32 : 32, 748
#34	"Randomized Controlled Trial":ti,ab,kw (Word variations have been searched) : 120, 901
#35	#13 and #33 and #34 in Trials: 2,543

2.3. Patient preferences: Search strategies for systematic reviews

2.3.1. PICO

Project number	**2013-20-GCP**	
Project name	"Antidepressive agents and psychotherapy in the treatment of major depression"	
Search question(s)	Are there systematic reviews for patient preferences regarding major depression?	
Structured search question(s) (PICO, SPICE, ECLIPSE, ..)		*and related keywords*
P (patient)	Adults with major depression syndrome	depressive disorder, depression, depressive[All major depression, major depressive disorder, dysthymic disorder, dysthymia, mood disorder affective disorder
I (Intervention)	psychotherapy	
C (comparison)	Anti-depressive agents	
O (outcome)	Patients preferences	**A. Patient** Patients[MeSH] patient(s) client(s) hospitalized institutionalized inpatient(s) outpatient(s) out-patient(s) out patient(s) **B. Preferences** Decision making[MeSH] preference(s) choice(s) decision(s)

		prefer(s) preferred **C. Patient preferences** Patient preference[MeSH] Patient statisfaction[MeSH 1997-2009] Patient participation[MeSH]
S (settings)	Systematic Review	

2.3.2. Medline @ Ovid

Date	**2014-01-06**		
Database	Medline (OVID)		
Search Strategy	#	***Query***	***Results***
	1	exp Psychotherapy/	152261
	2	psychotherap*.mp.	68707
	3	cbt.mp.	5338
	4	behavior* therap*.mp.	30940
	5	behaviour* therap*.mp.	4062
	6	cognition therap*.mp.	5
	7	psychodynamic.mp.	4137
	8	exp Psychoanalysis/	8025
	9	psychoanalysis.mp.	11100
	10	8 or 9	11100
	11	psychoanalytic*.mp.	28551
	12	counselling.mp.	18374

	13	counseling.mp.	71999
	14	exp Counseling/	34107
	15	12 or 13 or 14	87115
	16	problem-solving.mp.	29337
	17	mindfulness.mp.	1810
	18	acceptance.mp.	75311
	19	commitment.mp.	32990
	20	18 and 19	759
	21	assertiveness training.mp.	179
	22	behavior* activation.mp.	957
	23	cognitive therap*.mp.	17175
	24	cognitive restructuring.mp.	570
	25	compassion-focused.mp.	8
	26	compassion-focussed.mp.	0
	27	th.xs.	5622027
	28	therap*.mp.	2481218
	29	therapeutics.mp.	46009
	30	exp Therapeutics/	3439270
	31	25 or 26	8
	32	27 or 28 or 29 or 30	7666336
	33	31 and 32	7
	34	constructivist*.mp.	863
	35	32 and 34	275

	36	metacognitive therap*.mp.	26
	37	solution-focused therap*.mp.	56
	38	self-control therap*.mp.	14
	39	self-control training*.mp.	45
	40	1 or 2 or 3 or 4 or 5 or 6 or 7 or 10 or 11 or 15 or 16 or 17 or 20 or 21 or 22 or 23 or 24 or 33 or 35 or 36 or 37 or 38 or 39	292324
	41	exp Depressive Disorder/	83352
	42	exp Depression/	77956
	43	dysthymia.mp.	1869
	44	affective disorder*.mp.	15686
	45	mood disorder*.mp.	19623
	46	dysthymic*.mp.	1819
	47	major depressive disorder*.mp.	13656
	48	major depression*.mp.	18756
	49	depression*.mp.	285050
	50	depressive*.mp.	123845
	51	41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50	343071
	52	Patient Preference/	2872
	53	Patient Satisfaction/	60384
	54	limit 53 to yr="1997 - 2009"	38597
	55	preference*.mp.	107393
	56	choice*.mp.	254827

	57	preferred.mp.	87659
	58	chosen.mp.	81550
	59	prefer.mp.	14359
	60	prefers.mp.	2810
	61	choose.mp.	26457
	62	chooses.mp.	1213
	63	decided.mp.	19514
	64	decide.mp.	15360
	65	decides.mp.	1494
	66	desire*.mp.	68840
	67	decision*.mp.	278420
	68	favo?re*.mp.	31650
	69	exp decision making/	124032
	70	Patient Participation/	18384
	71	preferring.mp.	5508
	72	55 or 56 or 57 or 58 or 59 or 60 or 61 or 62 or 63 or 64 or 65 or 66 or 67 or 68 or 69 or 71	887283
	73	54 and 72	8441
	74	52 or 70 or 73	28740
	75	exp Patients/	68056
	76	patient.mp.	1906861
	77	patients.mp.	4099823
	78	client.mp.	19006
	79	clients.mp.	26655

	80	inpatient.mp.	44645
	81	inpatients.mp.	34518
	82	outpatient.mp.	95133
	83	outpatients.mp.	40686
	84	out#patient.mp.	0
	85	out#patients.mp.	0
	86	hospitalized.mp.	70008
	87	institutionalized.mp.	8424
	88	treated.mp.	1228565
	89	75 or 76 or 77 or 78 or 79 or 80 or 81 or 82 or 83 or 84 or 85 or 86 or 87 or 88	5662263
	90	72 and 89	357158
	91	52 or 70 or 73 or 90	367749
	92	40 and 51 and 91	1671
	93	limit 92 to systematic reviews	209
Note			

2.3.3. @ Pubmed

Date	2014-01-13
Database	Medline (Pubmed)
Search Strategy	#
	(
	Psychotherapy[MH]
	OR psychotherap*[All Fields]
	OR cbt[All Fields]
	OR "behavior therapies"[All Fields]
	OR "behavior therapy"[All Fields]
	OR "behavior therapeutic"[All Fields]
	OR "behavior therapeutical"[All Fields]
	OR "behavior therapeutics"[All Fields]
	OR "behavior therapeutist"[all Fields]
	OR "behavior therapeutists"[All Fields]
	OR "behavior treatment"[All Fields]
	OR "behavior treatments"[All Fields]
	OR "behaviors therapies"[All Fields]
	OR "behaviors therapy"[All Fields]
	OR "behaviors therapeutics"[All Fields]
	OR "behaviors therapeutic"[All Fields]
	OR "behaviors therapeutical"[All Fields]
	OR "behaviors therapeutist"[All Fields]
	OR "behaviors therapeutists"[All Fields]
	OR "behaviors treatment"[All Fields]
	OR "behaviors treatments"[All Fields]
	OR "behavioral therapies"[All Fields]

OR "behavioral therapy"[All Fields]
OR "behavioral therapeutics"[All Fields]
OR "behavioral therapeutic"[All Fields]
OR "behavioral therapeutical"[All Fields]
OR "behavioral therapeutist"[All Fields]
OR "behavioral therapeutists"[All Fields]
OR "behavioral treatment"[All Fields]
OR "behavioral treatments"[All Fields]
OR "behaviour therapies"[All Fields]
OR "behaviour therapy"[All Fields]
OR "behaviour therapeutic"[All Fields]
OR "behaviour therapeutical"[All Fields]
OR "behaviour therapeutics"[All Fields]
OR "behaviour therapeutist"[all Fields]
OR "behaviour therapeutists"[All Fields]
OR "behaviour treatment"[All Fields]
OR "behaviour treatments"[All Fields]
OR "behaviours therapies"[All Fields]
OR "behaviours therapy"[All Fields]
OR "behaviours therapeutics"[All Fields]
OR "behaviours therapeutic"[All Fields]
OR "behaviours therapeutical"[All Fields]
OR "behaviours therapeutist"[All Fields]
OR "behaviours therapeutists"[All Fields]
OR "behaviours treatment"[All Fields]
OR "behaviours treatments"[All Fields]
OR "behavioural therapies"[All Fields]
OR "behavioural therapy"[All Fields]
OR "behavioural therapeutics"[All Fields]

OR "behavioural therapeutic"[All Fields]
OR "behavioural therapeutical"[All Fields]
OR "behavioural therapeutist"[All Fields]
OR "behavioural therapeutists"[All Fields]
OR "behavioural treatment"[All Fields]
OR "behavioural treatments"[All Fields]

OR "cognition therapies"[All Fields]
OR "cognition therapie"[All Fields]
OR "cognition therapy"[All Fields]
OR "cognition therapeutical"[All Fields]
OR "cognition therapeutic"[All Fields]
OR "cognition therapeutics"[All Fields]
OR "cognition therapeutist"[All Fields]
OR "cognition therapeutists"[All Fields]
OR "cognition treatment"[All Fields]
OR "cognition treatments"[All Fields]

OR psychodynamic[All Fields]
OR Psychoanalysis[MH]
OR psychoanalysis[All Fields]
OR psychoanalytic*[All Fields]
OR counselling[All Fields]
OR counseling[All Fields]
OR Counseling[MH]
OR "problem-solving"[All Fields]
OR mindfulness[All Fields]
OR (
    acceptance[All Fields]
    AND commitment[All Fields]

```
)
OR "assertiveness training"[All Fields]
OR "behavior activation"[All Fields]
OR "behaviors activation"[All Fields]
OR "behavioral activation"[All Fields]

OR "cognitive therapies"[All Fields]
OR "cognitive therapy"[All Fields]
OR "cognitive therapeutic"[All Fields]
OR "cognitive therapeutics"[All Fields]
OR "cognitive therapeutical"[All Fields]
OR "cognitive therapeutist"[All Fields]
OR "cognitive therapeutists"[All Fields]
OR "cognitive treatment"[All Fields]
OR "cognitive treatments"[All Fields]

OR "cognitive restructuring"[All Fields]
OR (
        (
                "compassion-focused"[All Fields]
                OR "compassion-focussed"[All Fields]
        )
        AND (
                therapy[SH]
                OR therapies[All Fields]
                OR therapy[All Fields]
                OR therape*[All Fields]
                OR therapis*[All Fields]
                OR Therapeutics[MH]
```

```
                OR treatment*[All Fields]
        )
)
OR (
        (
                therapy[SH]
                OR therapies[All Fields]
                OR therapy[All Fields]
                OR therape*[All Fields]
                OR therapis*[All Fields]
                OR Therapeutics[MH]
                OR treatment*[All Fields]
        )
        AND constructivist*[All Fields]
)
OR "metacognitive therapies"[All Fields]
OR "metacognitive therapy"[All Fields]
OR "metacognitive therapeutic"[All Fields]
OR "metacognitive therapeutics"[All Fields]
OR "metacognitive therapeutical"[All Fields]
OR "metacognitive therapeutist"[All Fields]
OR "metacognitive therapeutists"[All Fields]
OR "metacognitive treatment"[All Fields]
OR "metacognitive treatments"[All Fields]
OR "solution-focused therapies"[All Fields]
OR "solution-focused therapy"[All Fields]
OR "solution-focused therapeutic"[All Fields]
OR "solution-focused therapeutics"[All Fields]
OR "solution-focused therapeutical"[All Fields]
OR "self-control therapies"[All Fields]
```

```
        OR "self-control therapy"[All Fields]
        OR "self-control therapeutics"[All Fields]
        OR "self-control therapeutical"[All Fields]
        OR "self-control therapeutic"[All Fields]
        OR "self-control training"[All Fields]
        OR "self-control trainings"[All Fields]
)

AND (

        Depressive Disorder[MH]
        OR Depression[MH]
        OR dysthymi*[All Fields]
        OR "affective disorder"[All Fields]
        OR "affective disorders"[All Fields]
        OR "mood disorder"[All Fields]
        OR "mood disorders"[All Fields]
        OR depression*[All Fields]
        OR depressive*[All Fields]
)
AND

(
        Patient Preference[MH:noexp]
        OR Patient Participation[MH:noexp]
        OR (
                Patient Satisfaction[MH:noexp]
                AND 1997:2009[dp]
                AND (
```

preference*[All Fields]
OR choice*[All Fields]
OR preferred[All Fields]
OR chosen[All Fields]
OR prefer[All Fields]
OR prefers[All Fields]
OR choose[All Fields]
OR chooses[All Fields]
OR decided[All Fields]
OR decide[All Fields]
OR decides[All Fields]
OR desire*[All Fields]
OR decision*[All Fields]
OR favore*[All Fields]
OR favoure*[All Fields]
OR decision making[MH]
OR preferring[All Fields]
)
)
OR (
(
Patients[MH]
OR patient[All Fields]
OR patients[All Fields]
OR client[All Fields]
OR clients[All Fields]
OR inpatient[All Fields]
OR inpatients[All Fields]
OR outpatient[All Fields]
OR outpatients[All Fields]

OR outpatient[All Fields]
OR outpatients[All Fields]
OR out-patient[All Fields]
OR out-patients[All Fields]
OR hospitalized[All Fields]
OR institutionalized[All Fields]
OR treated[All Fields]
)
AND (
preference*[All Fields]
OR choice*[All Fields]
OR preferred[All Fields]
OR chosen[All Fields]
OR prefer[All Fields]
OR prefers[All Fields]
OR choose[All Fields]
OR chooses[All Fields]
OR decided[All Fields]
OR decide[All Fields]
OR decides[All Fields]
OR desire*[All Fields]
OR decision*[All Fields]
OR favore*[All Fields]
OR favoure*[All Fields]
OR decision making[MH]
OR preferring[All Fields]
)
)
)

Filters: Systematic Reviews

Nb results: 199

Detail:

1. Psychotherapy 295240
2. Major depression 327647
3. Patients Preferences 349371
4. 1 AND 2 27732
5. 4 AND 3 1666
6. Filter to systematic reviews 199

2.3.4. Embase @ Embase.com

Date	**2014-01-08 10:30**		
Database	Embase (Embase.com)		
Search Strategy	**#**	**Query**	**Results**
	1	'behavior therapy'/exp OR psychotherap* OR 'cognitive therapy'/exp OR 'cognitive behavior therapy'/exp OR 'counselling'/exp OR 'counseling'/exp OR 'psychoanalytic therapy'/exp OR 'psychodynamic therapy' OR 'psychotherapy'/exp OR 'supportive therapy'	587 420

	OR 'cognition therapy' OR mindfulness OR 'acceptance commitment' OR 'behavioral activation' OR 'behavioural activation' OR 'metacognitive therapy' OR 'solution focused therapy' OR 'self-control training' OR cbt OR (behavior* NEXT/1 therap*) OR (behaviour* NEXT/1 therap*) OR (cogniti* NEXT/1 therap*) OR psychodynamic* OR psychoanalysis OR psychoanalysis/exp OR psychanalysis OR psychoanalytic* OR psychanalytic* OR counseling/exp OR counseling OR counselling OR problem-solving/exp OR problem-solving OR mindfulness OR ('acceptance' AND 'commitment') OR (assertiv* NEXT/1 training) OR (behavior* NEXT/1 activation) OR (behaviour* NEXT/1 activation) OR 'cognitive restructuring'

	OR (('compassion-focused' OR 'compassion-focussed') AND (therap* OR therapeutic*)) OR (constructivist* AND (therap* OR therapeutic*)) OR (metacognitive NEXT/1 therap*) OR ('solution-focused' NEXT/1 therap*) OR ('self-control' NEXT/1 therap*) OR ('self-control' NEXT/1 training*)	
2	'depressive disorder'/exp OR 'depression'/exp OR depressive* OR depression* OR 'major depression'/exp OR 'major depressive disorder'/exp OR 'dysthymic disorder'/exp OR 'dysthymic disorder' OR 'dysthymia'/exp OR dysthymia OR dysthymic* OR 'mood disorder'/exp OR (mood NEXT/1 disorder*) OR 'affective disorder'/exp OR (affective NEXT/1 disorder*)	489 061
3	'Patient Participation'/dm OR 'patient preference'/dm OR ((choice* OR chosen OR prefer* OR choos* OR decid*	553 503

		OR desire* OR decision* OR favore* OR favoure* OR 'decision making'/exp) AND (Patient/exp OR patient OR patients OR client OR clients OR inpatient OR inpatients OR outpatient OR outpatients OR out?patient OR out?patients OR hospitalized OR institutionalized OR treated))	
	4	'meta-analysis'/exp OR 'meta-analysis' OR 'systematic review'/exp OR 'systematic review'	156 610
	5	1 AND 2 AND 3 AND 4	327

2.3.5. PsychINFO @ Ovid

Date	2013-12-10		
Database (name + access ; e.g.: Medline OVID)	Psychinfo (Ovid)		
Search Strategy (attention, for PubMed, check « Details »)	#	**Query**	**Results**
	1	exp major depression/	89481
	2	exp "Depression (Emotion)"/	21240
	3	limit 2 to yr="1860 - 1988"	12366
	4	depressive reaction?.mp	537
	5	dysphoria?.mp	2543
	6	melancholia?.mp	2183
	7	unipolar depression*.mp	2442
	8	dysthymia?.mp	2141
	9	affective disorder?.mp	24990
	10	mood disorder?.mp	11452
	11	dysthymic*.mp	2195
	12	major depression*.mp	88754
	13	major depressive disorder*.mp	12309
	14	depressive?.mp	72602
	15	depression?.mp	211620
	16	1 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15	244605
	17	exp psychotherapy/	171308
	18	exp counseling/	64872

	19	exp counseling psychology/	2466
	20	psychotherap*.mp	150966
	21	cbt.mp	7267
	22	behavior* therap*.mp	32571
	23	behaviour* therap*.mp	3842
	24	cognition therap*.mp	9
	25	psychodynamic.mp	15118
	26	psychoanalysis.mp	60909
	27	psychanalysis.mp	46
	28	psychoanalytic*.mp	66881
	29	psychanalytic*.mp	46
	30	counseling.mp	77850
	31	counselling.mp	8235
	32	problem-solving.mp	41692
	33	mindfulness.mp	4466
	34	acceptance.mp	37212
	35	commitment.mp	34140
	36	34 and 35	1486
	37	assertiveness training.mp	1366
	38	behavior* activation.mp	1393
	39	cognitive therap*.mp	13474
	40	cognitive restructuring.mp	2094

41	compassion-focused.mp	40
42	compassion-focussed.mp	0
43	therap*.mp	400297
44	therapeutics.mp	2626
45	41 or 42	40
46	43 or 44	400297
47	45 and 46	33
48	constructivist*.mp	5966
49	46 and 48	896
50	metacognitive therap*.mp	82
51	solution-focused therap*.mp	751
52	self-control therap*.mp	62
53	self-control training*.mp	189
54	17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 32 or 33 or 36 or 37 or 38 or 39 or 40 or 47 or 49 or 50 or 51 or 52 or 53	384884
55	comprehensive*.mp	71182
56	systematic*.mp	74813
57	bibliographic*.mp	1912
58	review*.mp	397035
59	literature.mp	210590
60	55 or 56	142176
61	57 or 58 or 59	507085

	62	((comprehensive* or systematic*) adj3 (bibliographic* or review* or literature)).mp	16601
	63	meta-analy*.mp	17848
	64	metaanaly*.mp	411
	65	"research synthesis".mp	474
	66	information.mp	315423
	67	data.mp	548440
	68	synthesis.mp	20872
	69	66 or 67	795338
	70	((information or data) adj3 synthesis).mp	972
	71	extract*.mp	22732
	72	(data adj2 extract*).mp	2361
	73	63 or 64 or 65 or 70 or 72	20689
	74	62 or 73	33937
	75	(((comprehensive* or systematic*) adj3 (bibliographic* or review* or literature)) or (meta-analy* or metaanaly* or "research synthesis" or ((information or data) adj3 synthesis) or (data adj2 extract*))).ti,ab,id	33577
	76	rational.mp	17958
	77	evidence.mp	282923
	78	76 or 77	299129
	79	(review* adj5 (rational or evidence)).mp	14381
	80	(review* adj5 (rational or evidence)).ti,ab,id	14312
	81	"Literature Review".md	96798

	82	80 and 81	5425
	83	"systematic review".mp	8478
	84	"meta analysis".mp	14226
	85	meta analysis/	3340
	86	83 or 84 or 85	20969
	87	("systematic review" or "meta analysis" or meta analysis).md	18118
	88	75 or 82 or 87	39568
	89	patient?.mp	525680
	90	client?.mp	112100
	91	inpatient?.mp	38429
	92	outpatient?.mp	42282
	93	out#patient?.mp	0
	94	hospitalized.mp	23933
	95	institutionalized.mp	8549
	96	treated.mp	79925
	97	exp Patients/	78921
	98	exp Clients/	6985
	99	89 or 90 or 91 or 92 or 93 or 94 or 95 or 96 or 97 or 98	675041
	100	exp preferences/	22110
	101	exp decision making/	62884
	102	exp client attitudes/	16683
	103	exp participation/	12241
	104	preference?.mp	76671

	105	choice?.mp	110190
	106	preferred.mp	28016
	107	prefer?.mp	9471
	108	preferring.mp	2571
	109	chosen.mp	21818
	110	choose?.mp	19454
	111	decide?.mp	14366
	112	desire?.mp	44716
	113	decision?.mp	143106
	114	favo?r*.mp	59455
	115	104 or 105 or 106 or 107 or 108 or 109 or 110 or 111 or 112 or 113 or 114	432001
	116	100 or 101 or 102 or 103 or 104 or 105 or 106 or 107 or 108 or 109 or 110 or 111 or 112 or 113 or 114	454125
	117	99 and 116	85944
	118	16 and 54 and 88 and 117	111
Note	1-16 Major depression 17- 54 Psychotherapy 55 – 88 Systematic review 89 - 99 Patients 100-114 Preferences 117 Patients preferences		

2.3.6. Cochrane

Date	2013-01-15 (strategy saved on 15th but printed on 29th, numbers may vary).		
Database (name + access ; e.g.: Medline OVID)	Cochrane		
Search Strategy (attention, for PubMed, check « Details »)	#		
	#1	MeSH descriptor: [Depressive Disorder] explode all trees	7019
	#2	MeSH descriptor: [Depression] explode all trees	4873
	#3	depress*	53311
	#4	d?sth?m*	668
	#5	mood disorder (Word variations have been searched)	4201
	#6	affective disorder (Word variations have been searched)	2973
	#7	#1 or #2 or #3 or #4 or #5 or #6	54820
	#8	MeSH descriptor: [Patient Preference] explode all trees	246
	#9	MeSH descriptor: [Patient Satisfaction] explode all trees	8118
	#10	prefer*	18662
	#11	choice*	18444
	#12	choos*	3337
	#13	decid*	8554
	#14	desir*	5609
	#15	favor*	13225
	#16	favour*	13666
	#17	decision*	23586
	#18	chosen	11579
	#19	MeSH descriptor: [Decision Making] explode all trees	2335
	#20	#10 or #11 or #12 or #13 or #14 or #15 or #16 or #17 or #18 or #19	79729
	#21	#9 and 20	1565

	#22	MeSH descriptor: [Patient Participation] explode all trees	790
	#23	MeSH descriptor: [Patients] explode all trees	3669
	#24	patient* (Word variations have been searched)	400172
	#25	client*	2589
	#26	inpatient*	8671
	#27	outpatient*	19893
	#28	out-patient*	3657
	#29	out patient*	3639
	#30	hospitalized	6766
	#31	treated	135388
	#32	#23 or #24 or #25 or #26 or #27 or #28 or #29 or #30 or #31	430700
	#33	#20 and #32	62615
	#34	#8 or #21 or #33	63666
	#35	psychotherap*	7997
	#36	psychanal*	3
	#37	psychoanal*	369
	#38	MeSH descriptor: [Psychotherapy] explode all trees	14110
	#39	MeSH descriptor: [Psychoanalysis] explode all trees	13
	#40	behavior next therap* (Word variations have been searched)	6269
	#41	behavior therapies	10
	#42	behavior therapy	5453
	#43	behaviour therapies	21
	#44	behaviour therapy	994
	#45	#40 not (#44 or #43 or #42 or #41)	34
	#46	behavioral therapy	1769

	#47	behavioural therapy	1536
	#48	behavioral therapies	82
	#49	behavioural therapies	136
	#50	behavioral therapist	4
	#51	behavioral therapists	3
	#52	behavioural therapist	16
	#53	behavioural therapists	8
	#54	#53 or #52 or #51 or #50 or #49 or #48 or #47 or #46 or #44 or #43 or #42 or #41	8738
	#55	behavior* next therap*	6941
	#56	cbt	2131

	#57	behavior therapies or "behavior therapy" or "behavior therapeutic" or "behavior therapeutical" or "behavior therapeutics" or "behavior therapeutist" or "behavior therapeutists" or "behavior treatment" or "behavior treatments" or "behaviors therapies" or "behaviors therapy" or "behaviors therapeutics" or "behaviors therapeutic" or "behaviors therapeutical" or "behaviors therapeutist" or "behaviors therapeutists" or "behaviors treatment" or "behaviors treatments" or "behavioral therapies" or "behavioral therapy" or "behavioral therapeutics" or "behavioral therapeutic" or "behavioral therapeutical" or "behavioral therapeutist" or "behavioral therapeutists" or "behavioral treatment" or "behavioral treatments" or "behaviour therapies" or "behaviour therapy" or "behaviour therapeutic" or "behaviour therapeutical" or "behaviour therapeutics" or "behaviour therapeutist" or "behaviour therapeutists" or "behaviour treatment" or "behaviour treatments" or "behaviours therapies" or "behaviours therapy" or "behaviours therapeutics" or "behaviours therapeutic" or "behaviours therapeutical" or "behaviours therapeutist" or "behaviours therapeutists" or "behaviours treatment" or "behaviours treatments" or "behavioural therapies" or "behavioural therapy" or "behavioural therapeutics" or "behavioural therapeutic" or "behavioural therapeutical" or "behavioural therapeutist" or "behavioural therapeutists" or "behavioural treatment" or "behavioural treatments"	9601
	#58	#54 or #55	8755
	#59	#57 or #58	9616

	#60	cognition therapies or "cognition therapie" or "cognition therapy" or "cognition therapeutical" or "cognition therapeutic" or "cognition therapeutics" or "cognition therapeutist" or "cognition therapeutists" or "cognition treatment" or "cognition treatments" or psychodynamic or psychoanalysis or psychoanalytic* or counselling or counseling or "problem-solving" or mindfulness or (acceptance and commitment) or "assertiveness training" or "behavior activation" or "behaviors activation" or "behavioral activation" or "cognitive therapies" or "cognitive therapy" or "cognitive therapeutic" or "cognitive therapeutics" or "cognitive therapeutical" or "cognitive therapeutist" or "cognitive therapeutists" or "cognitive treatment" or "cognitive treatments" or "cognitive restructuring" or "metacognitive therapies" or "metacognitive therapy" or "metacognitive therapeutic" or "metacognitive therapeutics" or "metacognitive therapeutical" or "metacognitive therapeutist" or "metacognitive therapeutists" or "metacognitive treatment" or "metacognitive treatments" or "solution-focused therapies" or "solution-focused therapy" or "solution-focused therapeutic" or "solution-focused therapeutics" or "solution-focused therapeutical" or "self-control therapies" or "self-control therapy" or "self-control therapeutics" or "self-control therapeutical" or "self-control therapeutic" or "self-control training" or "self-control trainings"	17816
	#61	MeSH descriptor: [Therapeutics] explode all trees	228390
	#62	therapies or therapy or therape* or therapis* or treatment*	464087
	#63	#61 or #62	503699
	#64	compassion-focused or "compassion-focussed"	15
	#65	#63 and #64	15
	#66	constructivist*	12
	#67	#63 and #66	7
	#68	MeSH descriptor: [Counseling] explode all trees	2950

	#69	#35 or #36 or #37 or #38 or #39 or #56 or #59 or #60 or #65 or #67 or #68	30955
	#70	#69 and #34 and #7 in Cochrane Reviews (Reviews only) and Other Reviews	1126
Note			

3. STUDY SELECTION

Figure 1 – Study flow of selection of SRs

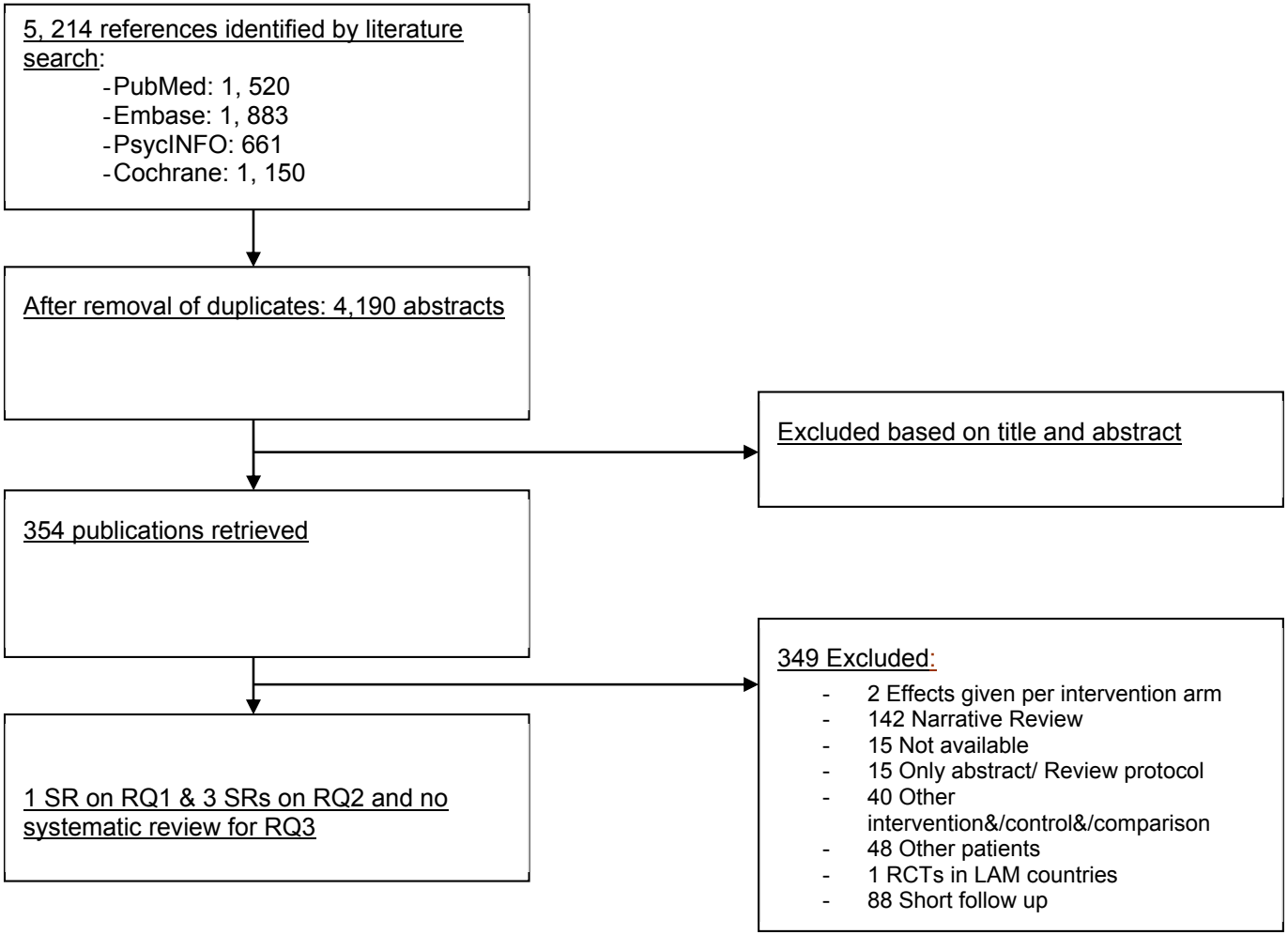
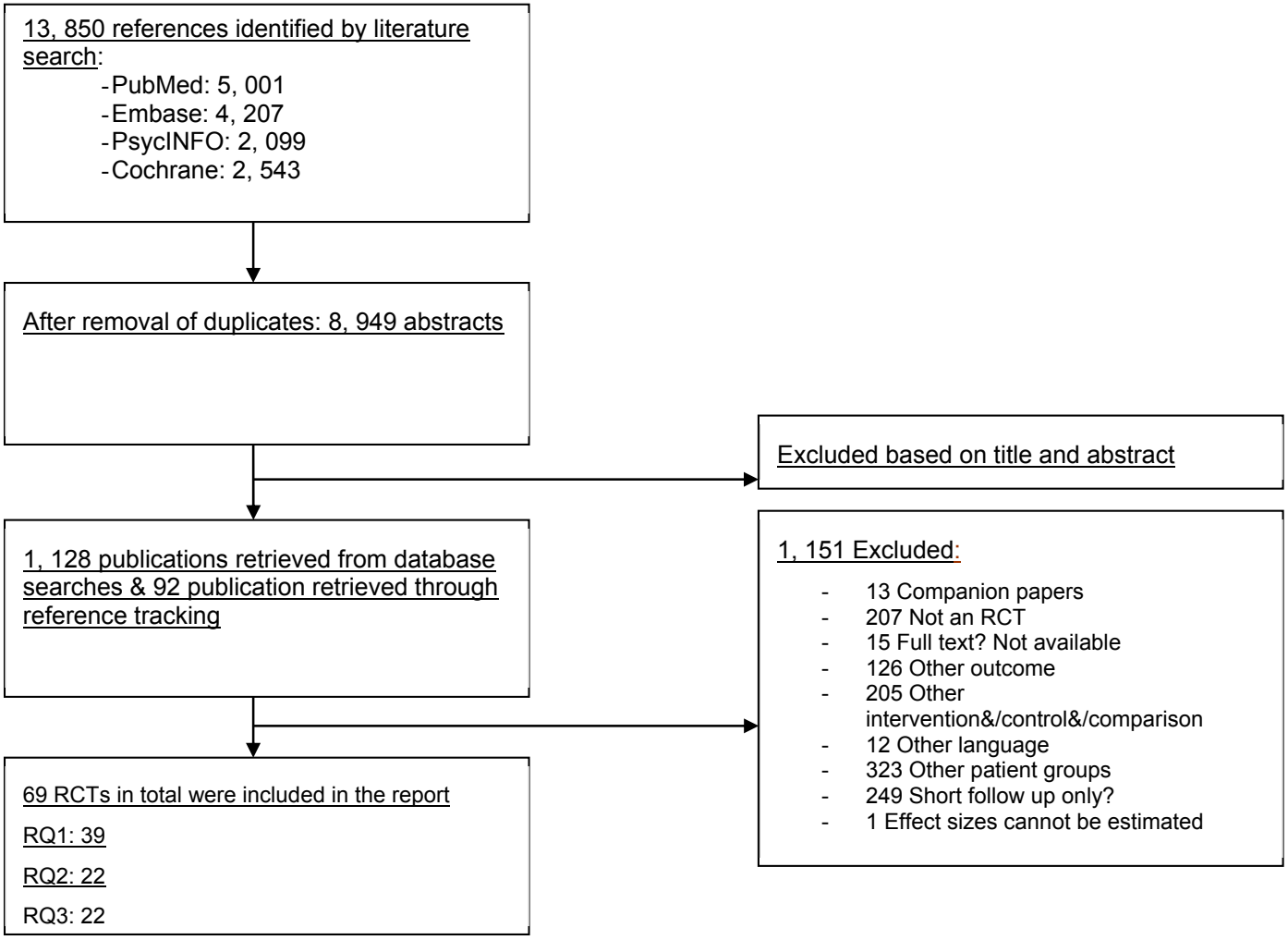


Figure 2 – Study flow of selection of RCTs research questions 1 & 2



4. QUALITY APPRAISAL

4.1. Quality appraisal tools

4.1.1. Systematic reviews

Table 1 – AMSTAR checklist

Question	Answer
1. Was an 'a priori' design provided? The research question and inclusion criteria should be established before the conduct of the review.	□ Yes □ No □ Can't answer □ Not applicable
2. Was there duplicate study selection and data extraction? There should be at least two independent data extractors and a consensus procedure for disagreements should be in place.	□ Yes □ No □ Can't answer □ Not applicable
3. Was a comprehensive literature search performed? At least two electronic sources should be searched. The report must include years and databases used (e.g. Central, EMBASE, and MEDLINE). Key words and/or MESH terms must be stated and where feasible the search strategy should be provided. All searches should be supplemented by consulting current contents, reviews, textbooks, specialized registers, or experts in the particular field of study, and by reviewing the references in the studies found.	□ Yes □ No □ Can't answer □ Not applicable
4. Was the status of publication (i.e. grey literature) used as an inclusion criterion? The authors should state that they searched for reports regardless of their publication type. The authors should state whether or not they excluded any reports (from the systematic review), based on their publication status, language etc.	□ Yes □ No □ Can't answer □ Not applicable
5. Was a list of studies (included and excluded) provided? A list of included and excluded studies should be provided.	□ Yes □ No □ Can't answer □ Not applicable

6. Were the characteristics of the included studies provided? In an aggregated form such as a table, data from the original studies should be provided on the participants, interventions and outcomes. The ranges of characteristics in all the studies analyzed e.g. age, race, sex, relevant socioeconomic data, disease status, duration, severity, or other diseases should be reported.	□ Yes □ No □ Can't answer □ Not applicable
7. Was the scientific quality of the included studies assessed and documented? 'A priori' methods of assessment should be provided (e.g., for effectiveness studies if the author(s) chose to include only randomized, double-blind, placebo controlled studies, or allocation concealment as inclusion criteria); for other types of studies alternative items will be relevant.	□ Yes □ No □ Can't answer □ Not applicable
8. Was the scientific quality of the included studies used appropriately in formulating conclusions? The results of the methodological rigor and scientific quality should be considered in the analysis and the conclusions of the review, and explicitly stated in formulating recommendations.	□ Yes □ No □ Can't answer □ Not applicable
9. Were the methods used to combine the findings of studies appropriate? For the pooled results, a test should be done to ensure the studies were combinable, to assess their homogeneity (i.e. Chi-squared test for homogeneity, I^2). If heterogeneity exists a random effects model should be used and/or the clinical appropriateness of combining should be taken into consideration (i.e. is it sensible to combine?).	□ Yes □ No □ Can't answer □ Not applicable
10. Was the likelihood of publication bias assessed? An assessment of publication bias should include a combination of graphical aids (e.g., funnel plot, other available tests) and/or statistical tests (e.g., Egger regression test).	□ Yes □ No □ Can't answer □ Not applicable
11. Was the conflict of interest stated? Potential sources of support should be clearly acknowledged in both the systematic review and the included studies.	□ Yes □ No □ Can't answer □ Not applicable

Table 2 – Methodological quality of all included systematic reviews

Systematic review	A priori study design	Duplicate study selection and data extraction	Compre-hensive literature search	Publica-tion status not used as inclusion	List of in- and excluded studies	Charac-teristics of included studies provided	Study quality assessed and docu-mented	Quality assess-ment used in conclus-ions	Approp-riate methods to combine findings	Likelihood of publica-tion bias assessed	Conflict of interest stated
Piet et al. 2011[1]	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N
Bortolotti 2008[2]	N	N	Y	N	Y	Y	Y	N	Y	N	N
Cloaguen 1998[3]	N	N	N	Y	Y	Y	Y	N	NA	N	N
Cuijpers 2013[4]	N	N	Y	Y	N	Y	Y	Y	Y	Y	N
McHugh 2013[5]	Y	N	Y	Y	N	Y	N	NA	Y	Y	N

Abbreviations: NA: not applicable; N: no; Y: yes
AMSTAR criteria were used to assess systematic reviews

4.1.2. RCTs

Table 3 – Cochrane Collaboration's tool for assessing risk of bias

Domain	Support for judgement	Review authors' judgement
Selection bias		
Random sequence generation	Describe the method used to generate the allocation sequence in sufficient detail to allow an assessment of whether it should produce comparable groups	Selection bias (biased allocation to interventions) due to inadequate generation of a randomised sequence
Allocation concealment	Describe the method used to conceal the allocation sequence in sufficient detail to determine whether intervention allocations could have been foreseen in advance of, or during, enrolment	Selection bias (biased allocation to interventions) due to inadequate concealment of allocations prior to assignment
Performance bias		
Blinding of participants and personnel Assessments should be made for each main outcome (or class of outcomes)	Describe all measures used, if any, to blind study participants and personnel from knowledge of which intervention a participant received. Provide any information relating to whether the intended blinding was effective	Performance bias due to knowledge of the allocated interventions by participants and personnel during the study
Detection bias		
Blinding of outcome assessment Assessments should be made for each main outcome (or class of outcomes)	Describe all measures used, if any, to blind outcome assessors from knowledge of which intervention a participant received. Provide any information relating to whether the intended blinding was effective	Detection bias due to knowledge of the allocated interventions by outcome assessors
Attrition bias		
Incomplete outcome data Assessments should be made for each main outcome (or class of outcomes)	Describe the completeness of outcome data for each main outcome, including attrition and exclusions from the analysis. State whether attrition and exclusions were reported, the numbers in each intervention group (compared with total randomized participants), reasons for attrition/exclusions where reported, and any re-inclusions in analyses performed by the review authors	Attrition bias due to amount, nature or handling of incomplete outcome data

Domain	Support for judgement	Review authors' judgement
Reporting bias		
Selective reporting	State how the possibility of selective outcome reporting was examined by the review authors, and what was found	Reporting bias due to selective outcome reporting
Other bias		
Other sources of bias	State any important concerns about bias not addressed in the other domains in the tool If particular questions/entries were prespecified in the review's protocol, responses should be provided for each question/entry	Bias due to problems not covered elsewhere in the table

Table 4 – Risk of bias summary of RCTs research question 1

Reference	Random sequence generation	Allocation concealment	Blinding participants	Blinding outcome assessment 1 (self reported measures such as BDI, HAM-D)	Blinding outcome assessment 2 (non-self-reported measures such as clinical interview)	Incomplete outcome data	Selective reporting	Other bias
Acute phase								
Burns 2013 [6]	+	+	–	–	NA	–	+	+
Cooper 2003 [7]	+	–	–	–	+	?	+	+
Duarte 2009 [8]	?	?	–	–	?	+	+	+
Elkin 1989 [9] (Shea 1992 [10])	+	?	–	NA	?	–	–	+
Folke 2012 [11]	?	?	–	–	+	+	+	+
Kay Lambkin 2009 [12]	?	+	–	–	NA	+	+	+

Kessler 2009 [13]	+	+	–	–	NA	+	+	+
Laidlaw 2008 [14]	+	+	–	–	+	–	+	+
Lustman 1998 [15]	+	+	–	–	NA	+	+	+
Miranda 2003 [16]	+	+	–	NA	+	+	+	+
Mohr 2011 [17]	?	?	–	–	+	+	+	+
O'Mahen 2013 [18]	+	+	–	–	NA	–	+	+
Pagoto 2013 [19]	+	?	–	–	+	–	–	+
Power 2012 [20]	?	?	–	–	NA	?	+	+
Qiu 2013 [21]	+	+	–	–	+	–	+	+
Scott 1997 [22]	?	?	–	–	?	–	+	+
Smit 2006 [23]	+	+	–	–	–	+	+	+
Strong 2008 [24]	+	+	–	–	+	+	–	+
Swartz 2008	?	?	–	–	NA	–	+	+
Teasdale 1984[25]	?	?	–	–	NA	–	+	+
Van Schaik 2006 [26]	+	?	–	–	+	+	+	+
Weissman 1981 [27]	?	?	–	–	?	–	+	+
Wiles 2013 [28]	+	+	–	–	NA	+	+	+
Maintenance								
Bockting 2005 [29] (Bockting 2009 [30])	+	+	–	NA	+	+	+	+
Bondolfi 2010 [31]	?	+	–	–	+	+	+	+

Fava 1994 [32] (Fava 1996 [33] ; Fava 1998 [34])	?	?	–	NA	+	+	+	+
Fava 1998 [35] (Fava 2004 [36])	?	?	–	NA	+	+	+	+
Frank 1990 [37]	?	?	–	NA	+	+	+	+
Godfrin 2010 [38]	+	+	–	–	?	+	+	+
Hollandare 2011 [39]	+	+	–	–	?	+	+	+
Jarrett 2000 [40]	?	+	–	NA	–	+	+	+
Jarrett 2001 [41] (Vittengl 2009 [42])	+	?	–	NA	+	+	+	+
Jarrett 2013 [43]	+	+	–	–	+	+	–	+
Klein 2004 [44]	?	?	–	NA	+	+	+	+
Ma 2004 [45]	?	+	–	–	+	+	+	+
Schulberg 1996 [46]	?	?	–	NA	+	+	+	+
Segal 2010 [47]	+	+	–	NA	+	+	+	+
Stangier 2013 [48]	?	+	–	NA	+	–	+	+
Teasdale 2000 [49]	?	+	–	–	+	+	+	+

Abbreviations: +: low risk of bias; -: high risk of bias; ?: unclear risk of bias; NA: not applicable

Table 5 – Risk of bias summary of RCTs research question 2

Reference	Random sequence generation	Allocation concealment	Blinding participants	Blinding outcome assessment 1 (self reported measures such as BDI, HAM-D)	Blinding outcome assessment 2 (non-self-reported measures such as clinical interview)	Incomplete outcome data	Selective reporting	Other bias
Acute phase								
Blackburn 1986 [50]	?	?	–	–	NA	–	+	+
David 2008 [51]	?	?	–	–	+	–	+	+
Dekker 2013 [52]	?	?	–	–	+	+	?	+
Dobson 2008 [53]	+	?	–	–	+	–	+	+
Elkin 1989 [9] (Shea 1992 [10])	+	?	–	NA	?	–	–	+
Evans 1992 [54]	?	?	–	–	+	–	+	+
Hollon 2005 [55]	?	?	–	NA	+	–	+	+
Kovacs 1981 [56]	–	?	–	–	NA	–	–	+
Miranda 2003 [57]	+	+	–	NA	+	+	+	+
Mohr 2001 [58]	?	?	–	–	–	–	+	+
Moradveisi 2013 [59]	+	+	–	–	+	+	+	+
Mynors-Wallis 2000 [60]	+	+	–	–	+	–	+	+
Segal 2006 [61]	?	?	–	NA	?	–	+	+
Simons 1986 [62]	?	?	–	–	NA	+	+	+

Weissman 1981 [27]	?	?	–	–	?	–	+	+
Maintenance								
Blackburn 1997 [63]	?	?	–	–	NA	–	+	+
Frank 1990 [37]	?	?	–	NA	+	–	+	+
Jarrett 2000 [40]	?	?	–	NA	–	+	+	+
Jarrett 2013 [43]	+	+	–	–	+	+	–	+
Kuyken 2008 [64]	+	?	–	–	+	+	+	+
Schulberg 1996 [46]	?	?	–	NA	+	+	+	+
Segal 2010 [47]	+	+	–	NA	+	+	+	+

Abbreviations: +: low risk of bias; -: high risk of bias; ?: unclear risk of bias; NA: not applicable

Table 6– Risk of bias summary of RCTs research question 3

Reference	Random sequence generation	Allocation concealment	Blinding participants	Blinding outcome assessment 1 (self reported measures such as BDI, HAM-D)	Blinding outcome assessment 2 (non-self-reported measures such as clinical interview)	Incomplete outcome data	Selective reporting	Other bias
Acute phase treatment: psychotherapy & ADM vs. psychotherapy								
Beck 1985 [65] `	?	?	–	–	–	–	+	+
Blackburn 1986 [50]	?	?	–	–	–	–	+	+
De Jonghe 2004 [66]	?	?	–	–	+	+	+	+
Hollon 1992 [67]	?	?	–	–	+	–	+	+
Mynors-Wallis 2000 [60]	+	+	–	–	+	–	+	+

Simons 1986 [62]	?	?	–	–	NA	+	+	+
Weissman 1981 [27]	?	?	–	–	?	–	+	+
Acute phase treatment: psychotherapy & ADM vs. ADM								
Bellino 2006 [68]	?	?	–	–	+	–	+	+
Blackburn 1986 [50]	?	?	–	–	–	–	+	+
De Jonghe 2001 [69]	?	?	–	–	+	–	+	+
Evans 1992 [54]	?	?	–	–	+	–	+	+
Macaskill 1996 [70]	?	?	–	–	?	+	+	+
Maina 2009 [71]	+	?	–	NA	?	+	+	+
Maina 2010 [72]	+	?	–	NA	+	–	+	+
Miller 1989 [73]	?	?	–	–	–	–	+	+
Mynors-Wallis 2000 [60]	+	+	–	–	+	+	+	+
Schramm 2007 [74]	+	–	–	–	+	–	+	+
Simons 1986 [62]	?	?	–	–	NA	+	+	+
Sirey 2005 [75]	?	?	–	NA	+	?	+	+
Weissman 1981 [27]	?	?	–	–	?	–	+	+
Maintenance treatment: psychotherapy & ADM vs. psychotherapy								
Frank 1990 [37]	?	?	–	NA	+	–	+	+
Maintenance treatment: psychotherapy & ADM vs. ADM								
Frank 1990 [37]	?	?	–	NA	+	–	+	+
Hersen 1984 [76]	?	?	–	–	+	–	+	+

Paykel 1999 [77]	?	+	–	–	+	–	+	+
Perlis 2002 [78]	?	?	–	NA	+	–	+	+
Reynolds 1999 [79]	+	?	–	–	?	+	+	+
Reynolds 2006 [80]	?	?	–	–	+	+	+	+
Wilkinson 2009 [81]	+	+	–	–	+	+	+	+

Abbreviations: +: low risk of bias; -: high risk of bias; ?: unclear risk of bias; NA: not applicable

5. EVIDENCE TABLES

5.1. Research question 1

Table 7 – Evidence tables systematic review research question 1

Reference	Methodology	Patient characteristics	Intervention(s)	Results	Comments
Piet et al. 2011[1]	• SR • Funding: the study was not funded by any grants • Databases: EMBASE, PsycINFO, Web of Science, Scopus, Cochrane Controlled Trials Register • Search date: from database inception - November 2010 • Languages: English • Number of studies included: 6, 5 on the comparison between psychotherapy and control groups	• Eligibility criteria: RCTs of MBCT for prevention of relapse in recurrent depression, English language, publication in peer reviewed journals • Exclusion criteria: NR • Patients characteristics: 593 patients, 73% were women with mean age of 46 years (range: 43-49). Patients had experienced≥2 episodes of MDD	MBCT vs. TAU or placebo	RR relapse: 0.66 (95%CI=0.53-0.82, p<0.001), corresponding to a relative risk reduction of 34% in favour of MBCT	• Relatively small number of included RCTs • Methodological quality of studies: The studies achieved a mean Jadad score of 3 (SD=0.63; range:2-4)

Abbreviations: CI: Confidence Intervals; MBCT: Mindfulness Based Cognitive Therapy; MDD: Major Depressive Disorder; NR: Not Reported; RCTs: Randomized Controlled Trials; RR: Risk Ratio; SD: Standard Deviation; SR: Systematic Review; TAU: Treatment as Usual

Table 8 – Evidence tables RCTs acute phase treatment research question 1

Reference	Methodology	Patient characteristics	Intervention(s)	Results	Comments
Burns et al. 2013 [6]	• RCT • Funding: National Institute for Health Research, UK; CoI: none • Setting: outpatients recruited through the midwife booking appointment in an urban setting • Sample size: 36 • Duration: 15 and 33 weeks post randomization .	• Eligibility criteria: adult women between 8-18 weeks of pregnancy with antenatal depression according to ICD-10 criteria, willingness to receive help • Exclusion criteria: receiving current CT, psychosis, insufficient command of English language, benefit from an individual talking therapy without an interpreter • Participants characteristics : women with mean age 28.2 (SD=5.0; range:20-36) years in the CT&TAU group and mean age of 30.1 (SD=6.2; range: 21-41) years in the TAU group	CBT&TAU (n=18) vs. TAU (n=18)	No depression (CIS-R) n (%) at 33w: • CBT&TAU: 13/16 (81.2) • TAU: 4/11 (36.4) Mean EQ-5D (SD) at 33w: • CBT&TAU: 42 (5.8), n=15 • TAU: 39.7 (9.7), n=10	• 81% of women were followed-up at 15 weeks post randomization • 75% were followed up at 33 weeks post-randomisation • Dropout rates were higher in the TAU at both 15 weeks and 33 weeks post-randomisation
Cooper et al. 2003 [7]	• RCT • Funding: grant from Birthright and the 5 -year follow-up was supported by the Medical Research Council; CoI: none • Setting: outpatients recruited through birth records of Addenbrooke's Hospital Cambridge • Sample size: 193	• Eligibility criteria: primiparous, living within 15-mile radius of the maternity hospital, English language • Exclusion criteria: premature delivery, infant with gross congenital abnormality, if they had not had a singleton birth, intention to move out of the area within the period of the intervention • Patients characteristics: CBT group participants had mean	5.1.1.1. CBT (n=43) 5.1.1.2. vs. 5.1.1.3. PDT (n=50) vs. TAU (n=52)	Remission (patients without depression according SCID) n (%) at 9m: • CBT: 30/40 (75) • PDT: 34/43 (79) • TAU: 33/48 (69) Remission (patients without depression according SCID) n (%) at 18m: • CBT: 30/42 (71) • PDT:29/41 (71) • TAU: 39/48 (81)	• 7/43 participants in CBT, 17/50 in PDT and 15/52 in TAU groups dropped out before the completion of 5 years follow up

	• Duration: acute therapy on weekly basis from 8-18 weeks post-partum, 9m, 18m and 5 years follow up	age of 27.9 (SD=5.4) years, PDT group participants had mean age of 28.1 (SD=5.6) years and TAU participants had mean age of 26.5 (SD=5.1)		Remission (patients without depression according SCID) n (%) at 5 years: • CBT: 30/36 (83) • PDT:26/33 (79) • TAU: 28/37 (76)	
Duarte et al. 2009 [8]	• RCT • Funding: Fundacao de Amparo a` Pesquisa do Estado de Sao Paulo. Ricardo Sesso receives a research grant from CNPq. Cristina Miyazaki receives a research grant from CNPq; CoI: none • Setting: outpatients undergoing haemodialysis • Sample size: 85 • Duration: 9 months follow up	• Eligibility criteria: patients undergoing haemodialysis and being diagnosed with MDD • Exclusion criteria: Age > 80 years, inability to understand study protocol and questionnaires, hospitalization, psychotic symptoms, alcohol abuse, anti-social personality disorder • Patients characteristics: CT group patients were mostly females (63.4%) with mean age 52.4 (SD=15.9), TAU patients were mostly females (54.4%) with a mean age of 54 (SD=12.7)	CBT (n=41) vs. TAU (n=44)	Mean BDI (SD) at 9m: • CBT: 10.8 (8.8), n=36 • TAU: 17.6 (11.2), n= 38 None of the patients in CT group experienced adverse events	• 36/41 continued 9 months follow up in CBT group • 38/44 continued 9 months follow up in TAU group
Elkin et al. 1989[9] **Note: Compa nion**	• RCT • Funding: Psychosocial Treatments Research Branch, Division of Extramural Research Programmes, NIMH; CoI: none	• Eligibility criteria: current episode of MDD according to RDC and assessed by the SADS interview, HRSD ≥ 14 • Exclusion criteria: bipolar I, bipolar II, panic disorder, alcoholism, drug use,	CBT (n=59) vs. IPT (n=61) vs. Placebo plus CM (n=62)	Recovered (1-2 or no symptoms for ≥8w after treatment termination) n (% ITT) at 6m: • CBT: 14/40 (49) • IPT: 21/47 (40) • Placebo plus CM: 11/37 (31)	• Attrition rates across the 4 conditions: • CBT: 32% • IPT: 23%

paper with Shea et al. 1992[10]	• Setting: outpatients utilizing mental health facilities • Sample size: 250 • Duration: 16 weeks of acute treatment and 6, 12 and 18-months follow-up	antisocial personality disorder, Briquet's syndrome, psychotic subtype of MDD • Patient characteristics: most of the participants were Caucasian (89%) females (70%), college graduates (40%)		Relapse (meeting criteria for MDD or return to treatment) n (% ITT) at 18m: • CBT: 13/40 (28) • IPT: 9/47 (17) • Placebo plus CM: 6/37 (18) Recovered and no relapse n (% ITT) at 18m: • CBT: 14/40 (30) • IPT: 14/47 (26) • Placebo plus CM: 7/37 (20)	• Placebo plus CM: 40% • Early treatment terminators scored higher on depressive symptoms at baseline compared to completers
Folke et al. 2012[11]	• RCT • Funding: not reported; CoI: not reported • Setting: Regional Social Insurance Office in a midsized Swedish city • Sample size:35 • Duration: 18 months follow up	• Eligibility criteria: diagnosis of unipolar depressive disorder according to DSM-IV, unemployment, sick leave due to depression, 18-65 years of age • Exclusion criteria: ongoing psychotic illness, alcohol or substance abuse disorder, suicidal plans • Participants characteristics: 88.2 % females Caucasians with mean age of 43 years (SD=9.46)	ACT(n=18) vs. Non standardized control condition (n=17)	Mean BDI (SD) at 18m: • ACT: 15.21 (9.28), n=18 • Control condition: 20.46 (12.61), n=16 Mean WHOQOL (SD) at 18m: • ACT: 47.83 (9.37), n=18 • Control condition: 47.46 (11.33), n=17 Declare fit and employed No (%) at 18m: • ACT: 3/ 18 (16.7), n=18 • Control condition: 2/16 (12.5), n=17 Declare fit and unemployed No (%) at 18m: • ACT: 3/ 18 (16.7), n=18	• 4/18 participants dropped out from the ACT group and 4/17 dropped out from the non-standardized control comparison condition

				• Control condition: 4/16 (25), n=17 Pension disability No (%) at 18m: • ACT: 8/18 (44.4), n=18 • Control condition: 9/16 (56.3), n=17 Continue sick-leave and unemployment No (%) at 18m: • ACT: 4/18 (22.2), n=18 • Control condition: 1/16 (6.2), n=17	
Kay-Lambkin et al. 2009[12]	• RCT • Funding: Alcohol-related Medical Research Scheme (Australian Brewer's Foundation); CoI: none • Setting: primary health care and general community • Sample size:97 • Duration: 12 months follow up	• Eligibility criteria: BDI-II≥17, diagnosis of MDD according to DSM-IV criteria, current problematic alcohol consumption above the recommended drinking levels in Australia • Exclusion criteria: brain injury, organic brain disease, significant cognitive impairment, inadequate command of English language • Patients characteristics: 54% of the patients were females and the mean age of the participants was 35.37 years (range: 18-61)	Therapist delivered CBT (n=35) vs. Computerized delivered CT (n=32) vs. No further treatment (n=30)	Improved (BDI<17) No (%) at 12m: • Therapist delivered CBT: 13/35 (37.1) • Computerized CBT: 18/32 (56.3) • No further treatment:8 /30 (26.7)	• 67 out of the 97 patients who were assigned to treatment conditions completed all the follow up assessments at 12 months
Kessler et al. 2009 [13]	• RCT • Funding: BUPA Foundation; CoI: none • Setting: primary care	• Eligibility criteria: 18-75 years of age, patients with a new depressive episode being diagnosed within 4 weeks	CBT (n=149) vs. WL (n=148)	Recovery (BDI<10) No (%) at 8m: • CBT: 46/109 (42) • WL: 26/101 (26)	• 109/149 participants in CBT group and 101/ 148 participants in WL

	• Sample size: 297 • Duration: 8 months follow up	preceding referral according to ICD-10, BDI≥14 • Exclusion criteria: patients treated for depression in three months before the current episode, bipolar disorder, psychotic disorder, alcohol or substance misuse, patients who currently received psychotherapy • Participants characteristics: 2/3 of the participants were women with mean of 34.9 (SD=11.6) years of age		Mean EQ-5D (SD) at 8m: • CBT: 0.83 (0.19), n=99 • WL: 0.75 (0.26), n=91	group completed the 8 month follow up assessment
Laidlaw et al. 2008 [14]	• RCT • Funding: Chief Scientific Office, Scotland; CoI: none • Setting: primary care • Sample size: 44 • Duration: 6 months follow up	• Eligibility criteria: age 60 years and over, diagnosis of MDD according to DSM IV, HDRS ≥7<24, BDI≥13<28, written inform consent, not having been prescribed ADM within 3 months from the referral day to the trial • Exclusion criteria: insufficient command of English language, cognitive impairment defined as score of 22 and above on MMSE , having receiving ≥6 sessions of CT in the past, or receiving current psychotherapy • Patients characteristics: the majority of the participants in the CT group were females (60%) with a mean age of 74 years (SD=8.39). In the TAU group participants were also	CBT (n=21) vs. TAU (n=23)	No depressed (DSM-IV) No (%) at 6m: • CBT: 9/20 (45) • TAU: 12/20 (60) Mean WHOQOL Physical (SD) at 6m: • CBT: 21.35 (5.34), n=20 • TAU: 20.00 (5.69), n=20 Mean WHOQOL Psychological (SD) at 6m: • CBT: 19.20 (3.43), n=20 • TAU: 17.75 (3.99), n=20 Mean WHOQOL Social Relat. (SD) at 6m: • CBT: 10.50 (1.40), n=20 • TAU: 10.20 (1.47), n=20	• 2 participants withdrew at the 6 months follow up from the CBT group and 4 participants withdrew from TAU group

		mostly females (85%) with a mean age of 74 years (SD=7.62)		Mean WHOQOL Environment (SD) at 6m: • CBT: 29.15 (3.05), n=20 • TAU: 28.05 (3.86), n=20	
Lustman et al. 1998 [15]	• RCT • Funding: National Institute of Mental Health; CoI: NR • Setting: Referral-based academic medical center • Sample size: 51 • Duration: 6 months follow up	• Eligibility criteria: diagnosis of type 2 diabetes, diagnostic criteria of MDD, BDI≥14 • Exclusion criteria: suicidal ideation, history of suicide attempts, panic disorder, bipolar disorder, psychotic disorder, substance abuse disorder, use of psychoactive medications • Patients characteristics: patients in CT group were mostly females (60%) with a mean age of 53.1 years (SD=10.5), the majority of patients in the control group were females (59.1%) with a mean age of 56.4 years (SD=9.7)	CBT (n=25) vs. Control group (n=26) Note: patients in the control group were receiving non-specific antidepressant medications	Remitted (BDI≤19) n (%) at 6m: • CBT: 17/25 (70) • Control: 9/26 (33.3) Improved (a decrease of≥50% in the BDI scores) n (%) at 6m: • CBT: 17/25 (70) • Control: 8/26 (31.9)	• 20/25 participants completed the 6 months follow up in the CBT group and 21/26 in the control group
Miranda et al. 2003 [16] **Note: Companion**	• RCT • Funding: National Institute of Mental Health. Paroxetine was provided by GlaxoSmithKline; CoI: none	• Eligibility criteria: current MDD diagnosed by CIDI, 3 cultural groups : black women, Latinas and white Americans, • Exclusion criteria mania, psychosis, alcohol or drug abuse/dependence, being	CBT (n=90) vs. TAU (n=89)	Mean scores HRSD (95% CI) at 6m: • CBT: 7.2 (5.0-9.3), n=90 • TAU: 10.1 (8.0-12.3), n=89 Remitted (HRSD≤7; 50% change from the baseline) n (%) at 1 year:	• Adherence at 6 months: 53% received ≥3 CBT sessions and 83% of women referred to community referral failed to

paper with Miranda et al. 2006 [82]	• Setting: service setting, low-income women receiving country health care in Washington • Sample size: 267 • Duration: 6 months of pharmacotherapy, 8 weeks of psychotherapy with possibility of 8 weeks extension of CT after the end of the initial 8 weeks, 1 year follow up	pregnant or planning to be pregnant • Patient characteristics: the majority of participants were poor Latina and black women with mean age 29.3 (SD=7.9) with only a 6.7% of those to have completed college education and with a 49.2% to have experienced domestic violence and 1/3 had been raped		• CBT: 51/90 (56.9) • TAU: 33/89 (37.1)	attend even one session • Ethnicity did not influence the compliance rates
Mohr et al. 2011 [17]	• RCT • Funding: Veterans Affairs Health Services Research and Development Service; CoI: not reported • Setting: community based outpatients clinics • Sample size: 85 • Duration: 6 months follow up	• Eligibility criteria: being registered as Veterans Affairs, have a telephone, adequate command of the English language, diagnosis of MDD according to DSM-IV • Exclusion criteria: had a hearing, voice or visual impairment, met diagnostic criteria for more sever psychiatric disorder, alcohol or substances abuse, severe risk for suicide, current psychotherapy, unstable dose of ADMs • Patients characteristics: mean age 55.9 years (SD=10.59), the majority of the patients were males (90.6%) and 78.8% were Caucasians	T-CBT (n=41) vs. TAU (n=44)	Meeting criteria for MDE (DSM-IV) No (%) at 6m: • T-CBT: 16/39 (41) • TAU: 18/37 (48)	• 39/41 patients in the I-CBT and 37/44 patients in the TAU group completed the 6 months follow up interviews

O' Mahen et al. 2013 [18]	• RCT • Funding: NIMH; CoI: NR • Setting: recruitment from OBs clinics • Sample size: 55 • Duration: 6 months post-randomization	• Eligibility criteria: women≥18 years of age and≥24 weeks of pregnancy, diagnosis of MDD according to DSM-IV, not currently receiving any treatment for depression • Exclusion criteria: insufficient command of English language, not planning to return to clinic for additional care, cognitive disability, psychotic disorder, drug/alcohol abuse or dependence • Patients characteristics: participants in CT group had a mean age of 27.40 years (SD=5.32), while participants in TAU had a mean age of 26.62 years (SD=6.01)	CBT(n=30) vs. TAU (n=25)	Mean scores BDI (SD) at 6m: • CBT: 14.54 (9.86), n=21 • TAU: 19.71 (13.81), N=23	• Adherence rates: 72% for CT group; 92% for TAU
Pagoto et al. 2013 [19]	• RCT • Funding: National Institute of Mental Health; CoI: none • Setting: participants recruited through community and primary care • Sample size: 161 • Duration: 12 months follow up	• Eligibility criteria: obese women with MDD between ages of 21-65 years • Exclusion criteria: smoking, bipolar disorder, psychotic disorder, bulimia, post-traumatic stress disorder, type1 or 2 diabetes, medications that affect weight • Patients characteristics: participants in BA group had a mean age of 45.6 years (SD=11.0) while participants in LI condition had a mean age of 46.2 years (SD=10.8)	BA (n=78) vs. LI (n=83)	Response (decrease of ≥50% in BDI-II scores) No (%) at 6m: • BA: 51/78 (65.7) • LI: 37/83 (44.7) Response (decrease of ≥50% in BDI-II scores) No (%) at 12m: • BA: 57/78 (73.0) • LI: 41/83 (50.0) Remission (BDI-II<10) No (%) at 6m: • BA: 47/78(59.7)	• 63/78 participants of the BA group completed the 12 months follow up assessment and 69/83 participants of the LI group

				• LI: 34/83 (40.8) Remission (BDI-II<10) No (%) at 12m: • BA: 52/78 (66.7) • LI: 40/83 (48.5) Response (decrease of ≥50% in HRSD scores) No (%) at 6m: • BA: 54/78 (69.1) • LI: 47/83 (56.6) Response (decrease of ≥50% in HRSD scores) No (%) at 12m: • BA: 56/78 (71.4) • LI: 55/83 (66.2) Remission (HRSD<7) No (%) at 6m: • BA: 53/78 (67.7) • LI: 43/83 (51.3) Remission (HRSD<7) No (%) at 12m: • BA: 52/78 (66.7) • LI: 52/83 (63.2)	
Power et al. 2012[20]	• RCT • Funding: Chief Scientist Office of Scottish Government and NHS Lothian	• Eligibility criteria: 18-65 years of age, MDD according to SCID • Exclusion criteria: NR • Patients characteristics: 61% of patients were females with	CBT (n=65) vs. IPT (n=64) vs. TAU (n=28)	Mean scores BDI (SD) at > 6m: • CBT: 17.91 (12.9), n=22 • IPT:15.31 (14), n=39 • TAU: 19.7 (11.8), n=10	• 22/65 CT patients, 39/64 IPT patients and 10/28 TAU patients completed follow up assessment

	• Setting: the participants were referred by general practitioners • Sample size: 125 • Duration: >6 months post-randomization. The exact duration is not specified	a mean age of 36.1 years (SD=11.3)			
Qiu et al. 2013[21]	• RCT • Funding: Nottingham Institute of Mental Health Exchange Fellowship; CoI: none • Setting: post surgery outpatients • Sample size : 62 • Duration: 6 months follow up	• Eligibility criteria: 0-IV breast cancer patients, 6-36 months after surgery, MDD according to DSM-IV criteria, HAMD-17≥17 • Exclusion criteria: any acute, unstable or severe medical disorder, schizophrenic disorder, bipolar disorder, severe antisocial personality disorder, neurobiological disorder, current concomitant psychotherapeutic or psychopharmacological treatment • Patients characteristics: participants were women with mean age of 50.63 years (SD=7.09) and the 87.1% of the patients had 0-II stage breast cancer	GCBT (n=31) vs. WL (n=31)	Mean scores HAMD (SD) at 6m: • GCBT: 7.51 (3.71), n=31 • WL: 14.35 (5.21), n=31 Mean scores FACT-B (SD) at 6m: • GCT: 97.17 (12.18), n=31 • WL: 89.85 (16.54), n=31	• 29/31 patients in the GCBT group and 25/31 patients in the WL group completed 6 months follow up assessment
Scott et al. 1997[22]	• RCT • Funding: Royal College of General Practitioners Research Training Fellowship, Newcastle City	• Eligibility criteria: diagnosis of MDD according to DSM-III-R criteria, BDI≥20, a depressive episode of less than 2 years duration	CBT (n=24) vs. TAU (n=24)	Mean scores BDI (SD) at 32w: • CBT: 13.7 (7.7), n=15 • TAU: 17.8 (10.6), n=11 Mean scores BDI (SD) at 58w:	• By week 58 33% of the participants dropped out from CBT group and 66% from TAU group

	Health NHS Trust research grand; CoI: NR • Setting: general practices in the northeast of England • Sample size: 48 • Duration 6 and 12 months follow up	• Exclusion criteria: bipolar disorder, organic brain damage, psychotic symptoms, dysthymic disorder, depression secondary to non-affective psychiatric illness, previous exposure to CBT, being non-reader, inability to provide inform consent • Patients characteristics: 16 men and 32 women with mean age of 41 years (SD=10.4)		• CBT: 10.0 (10.5), n=16 • TAU: 14.9 (6.8), n=8 Mean scores HRSD (SD) at 32w: • CBT: 8.2 (5.6), n=15 • TAU: 12.8 (8.8), n=11 Mean scores HRSD (SD) at 58w: • CBT: 6.1 (4.3), n=16 • TAU: 10.7 (6.5), n=8	
Smit et al. 2006 [23] **Note : companion paper with Conradi et al. 2007** [83]	• RCT • Funding: NWO, Medical Sciences Program and Chronic Diseases Program; the Research Foundations of the Health Insurance Company 'Het Groene Land' and the Regional Health Insurance Company RZG; University Hospital Groningen; CoI: none • Setting: primary care • Sample size: 267 • Duration: 6, 36 months follow up	• Eligibility criteria: adults with diagnosis of MDD according to DSM-IV • Exclusion criteria: patients older than 70 years of age, life threatening medical condition, psychotic disorder, dementia, addiction to alcohol or to psychotropic drugs, pregnancy, current treatment for depression • Patients characteristics: 54% of patients in CBT+DRP group were females with a mean age of 42.8 years (SD=11.6), the majority of the participants in the TAU group were females (65%) with a mean age of 44.2 years (11.3)	CBT+DRP (n=44) vs. TAU (n=72)	Remission (2 consecutive weeks without depression, DSM-IV), No (%) at 27w: • CBT+DRP:25 /36 (70) • TAU: 42/62 (68) Relapse/recurrence (2 consecutive weeks of depression started within recovery: 2-7 consecutive weeks without depression) n(%) at 36m: • CBT+DRP: 22/38 (55.5) • TAU: 40/62 (64)	• 36/44 participants assigned to CBT+DRP group and 62/72 assigned to TAU group completed the 6 months follow up assessment • 6/44 CBT patients and 10/72 TAU patients dropped out at 36 months follow up

Strong et al. 2008 [24]	• RCT • Funding: Cancer Research UK; CoI: none • Setting: clinics for breast, colorectal, gynaecological, genitourinary, haematological, lung, and mixed cancers in a regional tertiary National Health Service cancer centre that served a geographically defined population of 1.5 million people in the southeast of Scotland, UK • Sample size: 200 • Duration: 6 months post-randomization, 12 months follow up	• Eligibility criteria: diagnosis of cancer of at least 6 months, MDD associated with major changes in the patient's cancer or its management, SCL-20≥1.75 • Exclusion criteria: patients with transient adjustment disorders, major communication difficulties, severe deafness, dementia, inability to attend the cancer center, concurrent intensive anticancer treatment (chemotherapy or radiotherapy), another poorly control medical disorder, need for special psychiatric care • Patients characteristics: the majority of patients in PST+TAU group were females (69%) with a mean age of 56.6 years (SD=11.4); participants in TAU group were mostly females (72%) with a mean age of 56.6 years (SD=12.3)	PST+TAU (n=101) vs. TAU (n=99)	Mean scores SCL-20 (SD) at 6m: • CBT: 1.03 (0.79), n=98 • TAU: 1.51 (0.81), n=99 Mean scores SCL-20 (SD) at 12m: • CBT: 1.12 (0.89), n=98 • TAU: 1.43 (0.94), n=99 Adverse events: during follow-u there were 11 cancer-related deaths and 1 death by suicide in the TAU group, and 7 cancer-related deaths in the PST+TAU group	• 11 patients assigned to PST+TAU and 17 assigned to TAU group were lost to follow up
Swartz et al. 2008 [84]	• RCT • Funding: NIMH grant; CoI: reported on details • Setting: general pediatric mental health clinic or from clinic specialized in treatment of suicidal adolescents	• Eligibility criteria: 18-65 years of age, current diagnosis of MDD according to DSM-IV criteria, HRSD-17≥15, biological or adaptive mother of child age 6-18 receiving psychiatric treatment for an	IPT (n=26) vs. TAU (n=21)	Mean scores BDI (SD) at 9m: • IPT: 8.9 (7.8), n=21 • TAU: 15.3 (9.6), n=14 Mean scores HRSD (SD) at 9m: • IPT: 5.6 (3.9), n=22 • TAU: 11.1 (7.0), n=16	• 22/26 in the IPT group and 16/32 in TAU group completed the 9 month follow up assessment

	• Sample size: 65 • Duration: 9 months follow up	internalizing or externalizing disorder • Exclusion criteria: not currently living with a child, serious risk of child abuse or neglect, substance abuse, suicidal risk, psychotic disorder, borderline personality disorder, unstable medical condition, currently receiving psychotherapy, not stable dose of ADMs • Patients characteristics: in the IPT group the mean age of the mother was 41.6 years (SD=8.7), while in the TAU group the mean age of the mothers was 44.2 years (SD=7.6)			
Teasdale et al. 1984 [25]	• RCT • Funding: Medical research Council, CoI: not reported • Setting: health centers • Sample size: 34 • Duration: 6 months post-randomization	• Eligibility criteria: 18-60 years of age, MDD according to RDC, BDI≥20 • Exclusion criteria: hallucinations, receiving or having plans to receive other forms of psychotherapy apart the treatment offered by the study • Patients characteristics: the majority of the patients were females (32/34), patients in the CBT group had a mean age of 38 years, while patients in TAU group had a mean age of 37 years	CBT (n=17) vs. TAU (n=17)	Remission (BDI<14) No (%) at 6m: • CBT: 10/17 (59) • TAU: 9/17 (53)	• Dropouts not reported

Van Schaik et al. 2006 [26] **Note : companion paper with Bosmans et al. 2007** [85]	• RCT • Funding: The Netherlands Organization for Health Research and Development (ZonMw); CoI: not reported • Setting: primary care • Sample size:143 • Duration: 5 months acute treatment, 7 months follow up (12 months post-randomization)	• Eligibility criteria: MDD diagnosis, GDS-15≥5 • Exclusion criteria: current treatment of depression, insufficient command of the Dutch language, sever cognitive impairment (MMSE<18) • Patients characteristics: participants in the IPT group were mostly females (70%) with a mean age of 68.4 years (SD=8.1), while the majority of participants in TAU group were women (69%) with a mean age of 67.5 years (SD=9.2)	IPT (n=69) vs. TAU (n=74)	Remission (MADRS<10) n (%) at 6m: • IPT: 22/69 (32.2) • TAU: 23/74 (30.8) Remission (MADRS<10) n (%) at 12m: • IPT: 20/69 (28.8) • TAU: 26/74 (34.7) Response (decrease>50% in MADRS score) n (%) at 6m: • IPT: 18/69 (25.8) • TAU: 20/74 (27.3) Response (decrease>50% in MADRS score) n (%) at 12m: • IPT: 19/69 (27.1) • TAU: 21/74 (28.4) Recovery (absence of a PRIME-MD diagnosis) n (%) at 6m: • IPT: 42/69 (60.4) • TAU: 31/74 (41.6) Recovery (absence of a PRIME-MD diagnosis) n (%) at 12m: • IPT: 31/69 (45.2) • TAU: 33/74 (45.0) Mean QALY NL (SD) at 6m:	• 58/69 participants in the IPT group and 62/74 participants in the TAU group completed the 6 months follow up assessment

				• IPT: 0.33 (0.13) • TAU: 0.32 (0.14) Mean QALY NL (SD) at 12m • IPT: 0.66 (0.21) • TAU0.65 (0.24) Mean QALY UK (SD) at 6m: • IPT: 0.31 (0.14) • TAU: 0.30 (0.16) Mean QALY UK (SD) at 12m: • IPT: 0.62 (0.24) • TAU: 0.61 (0.28)	
Weissman et al. 1981[27] **Note: Companion paper with diMascio et al. 1979[86]**	• RCT • Funding Clinical Research Branch, National Institute of Mental Health; CoI: none • Setting: outpatients recruited from the Connecticut Mental Health Centre (Yale University), New Haven Conn, an Boston (Mass) State Hospital (Tufts University) • Sample size: 62 • Duration: 16 weeks of acute treatment, 1 year of follow up	• Eligibility: diagnosis of non-bipolar, non-psychotic acute primary MD according to SADS and RDC • Exclusion criteria: other predominant disorders, organic brain syndrome, alcohol abuse, schizophrenia, mania, non-responders to previous weekly psychotherapy • Patient characteristics: 85% females with 44% being under 30 years old	IPT (n=13) vs. Non scheduled treatment (n=16)	Mean scores HDRS at 1 year follow up: • IPT: 4.1 (n=12) • Non scheduled treatment: 4.8 (n=16) Adverse events: 1patient assigned to IPT and 2 patients assigned to non scheduled treatment were hospitalized	• Data at one year follow up were available for the 77% of the initially randomized patients

Wiles et al. 2013[28]	• RCT • Funding: National Institute of Health Research Technology Assessment; CoI: Reported on in detail • Setting: general practices in urban and rural setting in three UK centers: Bristol, Exeter, and Glasgow • Sample size: 496 • Duration: 12 months follow up	• Eligibility criteria: 18-75 years of age who had adhered to adequate dose of ADMs, diagnosis of MDD according to ICD-10 criteria, BDI-II≥14 for 6 weeks • Exclusion criteria: bipolar disorder, psychotic disorder, alcohol or substance abuse, inability to complete questionnaires, pregnancy, current psychotherapy, secondary care for depression, patients who were receiving CT session during the previous 3 years, patients who were taking part in another intervention study • Patients characteristics: 72% of the patients were females with a mean age of 49.6 years (SD=11.7)	CBT+TAU (n=234) vs. TA U (n=235)	Response (50% reduction in BDI score) No (%) at 6m: • CBT+TAU: 95/206 (46) • TAU: 46/213 (22) Remission (BDI<10) No (%) at 6m: • CBT+TAU: 57/206 (28) • TAU: 32/213 (15) Response (50% reduction in BDI score) No (%) at 12m: • CBT+TAU: 109/197 (55) • TAU: 62/198 (31) Remission (BDI<10) No (%) at 12m: • CBT+TAU: 78/197 (40) • TAU: 36/198 (18) Mean scores SF-12 mental subscale (SD) at 6m • CBT+TAU: 39.1 (14.1), n=201 • TAU: 33.7 (12.6), n=209 Mean scores SF-12 physical subscale (SD) at 6m • CBT+TAU: 44.1 (14.2), n=201 • TAU: 42.1 (14.0), n=209 Mean scores SF-12 mental subscale (SD) at 12m • CBT+TAU: 39.1 (14.6), n=194	• 198/234 CBT participants and 198/235 TAU participants completed the 12 months follow up assessment

		• TAU: 35.4 (12.8), n=195 Mean scores SF-12 physical subscale (SD) at 12m • CT+TAU: 44.6 (13.2), n=194 • TAU: 41.1 (13.5), n=195

Abbreviations: ACT: Acceptance and Commitment Therapy; ADM: Antidepressant Medication; BA: Behavioral Activation; CIS-R: Clinical Interview Schedule Revised version; CoI: Conflict of Interest; CBT: Cognitive Behavioural Therapy; DRP: Depression Recurrence Prevention; SCL-20: Symptom Checklist-20; EQ-5D: EuroQol-5 Dimensions; FACT-B: Functional Assessment of Cancer Therapy- Breast; GCBT: Group Cognitive Behavioural Therapy; GDS: Geriatric Depression Scale; GP: General Practitioner; ICD-10: International Classification of Diseases 10th edition; IPT: Interpersonal Psychotherapy; ITT: Intention To Treat; LI: Lifestyle Intervention; MADRS: Montgomery Asberg Depression Rating Scale; MDD: Major Depressive Disorder; MDE: Major Depressive Episode; MMSE: Mini-Mental State Examination; NL: Netherlands; NR: Not Reported; OBs: Obstetrics; PEP: Psycho-educational prevention; PRIME-MD: Primary Care evaluation of Mental Disorders screening questionnaire for depressive symptoms; PST: Problem Solving Therapy; QALY: Quality Adjusted Life Years; RCT: Randomized Controlled Trial; RDC: Research Diagnostic Criteria; SCID: Structural Clinical Interview for DSM disorders; SF: Short Form health survey; TAU: Treatment As Usual; T-CT: Telephone administered Cognitive Behavioral Therapy; UK: United Kingdom; WHOQOL: World Health Organization Quality of Life; WL: Waiting List; ZonMw: The Netherlands Organization for Health Research and Development

Table 9 – Evidence tables RCTs maintenance treatment research question 1

Reference	Methodology	Patient characteristics	Intervention(s)	Results	Comments
Bockting et al. 2005[29] **Note: companion with Bockting et al. 2009[30]**	• RCT • Funding: Health Research Development Counsel, Department of Prevention Program, and the National Foundation for Mental Health; CoI: reported on in details in the companion paper Bockting et al. 2009 • Setting: primary and specialty facilities • Sample size: 187 • Duration: 5.5 years follow up	• Eligibility criteria: experience at least 2 major depressive episodes (recurrent depression) in the previous 5 years according to DSM-IV, were currently in remission according to DSM-IV criteria for longer than 10 weeks and no longer than 2 years, a score of <10 in HRSD, • Exclusion criteria; mania or hypomania, bipolar disorder, organic brain damage, alcohol or drug abuse, predominant anxiety disorder, recent ECT, recent cognitive treatment, or receiving CT at the start of the study, current psychotherapeutic treatment • Patients characteristics: 74% of participants were females, Caucasians 99%, in the CT group patients had a mean age of 45.9 years (SD=9.1) and in the TAU group patients had a mean age of 43.4 years (SD=9.8)	CBT+TAU (n=88) vs. TAU (n=84)	Response (not meeting DSM-IV criteria for relapse/recurrence according to SCID) No at 6m: • CBT+TAU: 68/88 • TAU: 53/84 Response (not meeting DSM-IV criteria for relapse/recurrence according to SCID) No at 1 year: • CBT+TAU: 55/88 • TAU: 42/84 Response (not meeting DSM-IV criteria for relapse/recurrence according to SCID) No at 2 years: • CBT+TAU: 37/88 • TAU: 28/84 Response (not meeting DSM-IV criteria for relapse/recurrence according to SCID) No at 3 years: • CBT+TAU: 23/88 • TAU: 15/84 Response (not meeting DSM-IV criteria for relapse/recurrence according to SCID) No at 4 years: • CBT+TAU: 19/88 • TAU: 10/84	• 81/97 patients assigned to CBT+TAU group and 84/90 assigned to TAU group completed the 5.5 years follow up assessment

				Response (not meeting DSM-IV criteria for relapse/recurrence according to SCID) No at 5 years: • CBT+TAU:17/88 • TAU: 10/84 Response (not meeting DSM-IV criteria for relapse/recurrence according to SCID) No at 5.5 year: • CBT+TAU: 3/88 • TAU: 0/84	
Bondolfi et al. 2010 [31]	• RCT • Funding: Swiss National Foundation; CoI: none • Setting: participants were recruited through media advertisement and mailings to psychiatrists and general practitioners in the French speaking region of Switzerland • Sample size: 60 • Duration: 14 months follow up	• Eligibility criteria: history of recurrent MDD according to DSM-IV (≥3 major depressive episodes), MADRS≤13, participants were required to have a history of treatment with ADMs but to be currently off medication for ≥3 months before enrolment • Exclusion criteria: schizophrenia, schizoaffective disorder, substance abuse, eating disorder, OCD, organic mental disorder, dysthymia with onset before age 20, >4 CT sessions throughout lifetime, current psychotherapy, current practice of medication>1/week, yoga>2/week	MBCT+TAU (n=31) vs. TAU (n=-29)	Relapse (SCID) No (%) at 14m: • MBCT+TAU: 9/31 (29) • TAU: 10/29 (34)	• 27/31 patients in the MBCT+TAU group and 28/29 in the TAU completed the 14 months follow up assessment

		• Patients characteristics: the majority of the participants were females (MBCT+TAU: 74%; TAU: 69%) with a mean age of 46 years (range:27-63)(in the MBCT+TAU group and 49 years (range: 24-66) in the TAU group			
Fava et al. 1994[32] **Note: companion paper with Fava et al. 1996**[33] **, Fava et al. 1998**[34]	• RCT • Funding: Ministro Universita e Ricerca Scientifica e Tecnologica and the Consiglio Nazionale delle Ricerce, Rome; CoI: NR • Setting: participants who were referred to the Affective Disorders Program of the University of Bologna School of Medicine in Italy • Sample size: 40 • Duration: 6 years follow up	• Eligibility criteria: responders to treatment with ADMs who had previously been diagnosed with MDD according to RDC • Exclusion criteria: history of mania or hypomania, cyclothymic features, drug or alcohol abuse, personality disorder according to DSM-III-R criteria, active medical illness • Patients characteristics: the majority of the participants were females (CT group:60%; clinical management group: 75%) with a mean age of 43.7 years (SD=2.3) in the CT group and 48.5 years (SD=3.3) in the clinical management group	CBT (n=20) vs. CM (n=20)	Relapse (RDC) No (%) at 2 years: • CBT: 3/20 (15) • CM: 7/20 (35) Relapse (RDC) No (%) at 4 years: • CBT: 7/20 (35) • CM: 14/20 (70) Relapse (RDC) No (%) at 6 years: • CBT: 10/20 (50) • CM: 15/20 (75)	• No comments
Fava et al. 1998b[35]	• RCT • Funding: Ministro Universita e Ricerca	• Eligibility criteria: responders to treatment with ADMs who had previously been diagnosed with MDD	CBT (n=20) vs. CM (n=20)	Relapse (RDC) No (%) at 2 years: • CBT: 5/20 (25) • CM: 16/20 (80)	• No comments

Companion with Fava et al. 2004[36]	Scientifica e Tecnologica; CoI: NR • Setting: participants who had been referred to the Affective Disorders Program of the University of Bologna School of Medicine in Italy • Sample size: 40 • Duration: 2 years follow up	according to RDC, patients with ≥3 episodes of major depression, a minimum 10 weeks remission according to RDC • Exclusion criteria: history of mania or hypomania, cyclothymic features, drug or alcohol abuse, personality disorder according to DSM-III-R criteria, active medical illness • Patients characteristics: patients were mostly females (11/20 in the CT group and 13/20 in the CM group) with a mean age of 45.1 years (SD=10.3)in the CT group and 48.7 (SD=12.1) in the CM group		Relapse (RDC) No (%) at 6 years: • CBT: 8/20 (40) • CM: 19/20 (90)	

Frank et al. 1990[37]
 	
Note: companion with Karp et al. 2004[87]
	• RCT
	• Funding: National Institute of Mental Health, US; CoI: none
	• Setting: outpatients
	• Sample size: 128
	• Duration: treatment session scheduled weekly for 2 weeks, then for 8 months biweekly, and then monthly; with follow up 3 years
		• Eligibility: patients 21-65 years old, having experienced ≥ 3 episodes of unipolar depression, the immediate previous episode being no more than 2.5 years after the onset of the current episode, 10 weeks remission according to RDC
		• Exclusion criteria: not reported
		• Patient characteristics: 55.7% of the patients were married women (44.3%), with a mean age of 39.5 (SD=10.6) and 13.3%
			IPT-M (n=26)
			vs.
			MC + Placebo (n=23)
				Recurrence (HRSD≥15; Raskin≥7) No (%) at 1 year:
				• IPT-M: 12/26 (46.2)
				• MC + Placebo: 15/23 (65.2)
				
				Recurrence (HRSD≥15; Raskin≥7) No (%) at 2 years:
				• IPT-M: 3/26 (11.5)
				• MC + Placebo: 2/23 (8.7)
				
				Recurrence (HRSD≥15; Raskin≥7) No (%) at 3 years:
				• IPT-M: 1/26 (3.8)
				• MC + Placebo: 1/23 (4.3)
					• Non completers No (%) at 1 year:
					  • IPT-M: 12 (46.2)
					  • MC + Placebo: 3 (13)
					• Non completers No (%) at 2 years:
					  • IPT-M: 9 (34.6)
					  • MC + Placebo:0

		having comorbid bipolar 2 disorder		Survivors (participants who continued in remission HRSD<15; Raskin<7) No (%) at 1 year: • IPT-M: 12/26 (46.2) • MC + Placebo: 5/23 (21.7) Survivors (participants who continued in remission HRSD<15; Raskin<7) s No (%) at 2 years: • IPT-M: 9/26 (34.6) • MC + Placebo: 3/23 (13.0) Survivors (participants who continued in remission HRSD<15; Raskin<7) No (%) at 3 years: • IPT-M: 8/26 (30.8) • MC + Placebo: 2/23 (8.7)	• Non completers No (%) at 3 years: • IPT-M: 8 (30.8) • MC + Placebo: 0
Godfrin et al. 2010 [38]	• RCT • Funding: Flemish Ministry of Welfare, Health and Family, Belgium; CoI: none • Setting: patients were recruited via advertisement and clinical referral • Sample size: 106 • Duration: 14 months follow up	• Eligibility criteria: adults, a history of at least 3 depressive episodes according to DSM-IV-R (recurrent depression), the end of the last episode being≥8 weeks before the beginning of the study, no current episode of depression • Exclusion criteria: current diagnosis DSM-IV-R of chronic depression or dysthymia, substance use disorder, OCD, bipolar disorder, pervasive	MBCT+TAU (n=52) vs. TAU (n=54)	Relapse (DSM-IV-TR) No (%) at 14m: • MBCT+TAU: 12/40 (30) • TAU :32/47 (68.1) Mean scores QLDS (SD) at 14m: • MBCT+TAU: 9.13 (7.84), n=52 • TAU: 10.90 (8.69), n=54 Adverse effects (hospitalization) No (%) at 14m: • MBCT+TAU: 1/52 (2.6), n=52 • TAU: 0/54	• 18/52 patients in the MBCT+TAU group and 12/54 in the TAU group did not complete the 14 months follow up assessment

		developmental disorder, mental retardation, primary diagnosis of axis-II disorder, risk of suicide • Patients characteristics: participants were mostly females (MBCT+TAU group: 82.7%; TAU group; 79.6%) with a mean age of 44.9 years (SD=10.78)in the MBCT+TAU group and 46.4 years(SD=10.37) in the TAU group			
Hollanda re et al. 2011 [39]	• RCT • Funding: Swedish Psychiatric Foundation , the Capio Research Foundation and the National Association for Social and Mental Health; CoI: none • Setting: participants were recruited through advertisements in Swedish newspapers • Sample size: 84 • Duration: 6 months follow up	• Eligibility criteria: adults with history of at least one episode of MDD during the past 5 years but not meeting criteria for MDD at the time of recruitment and their depression was partially in remission (7>MADRS-S<19) • Exclusion criteria: no current psychotherapeutic treatment, not currently receiving ADM (unless the dosage was stable over 30 days before recruitment) • Patients characteristics: the majority of the participants were females (84.5%) with a mean age of 45.3 years (SD=12.8)	iCBT (n=42) vs. Control (n=42)	Remission (MADRS-S≤6) No (%) at 6m: • iCBT: 17/38 (40.5) • Control: 10/37(23.8) Relapse (MADRS-S≥19) No (%) at 6m: • iCBT: 4/38 (10.5) • Control: 14/37 (37.8) Mean scores WHOQOL-BRIEF (SD) at 6m: • iCBT: 3.6 (1.3), n=38 • Control: 3.7 (1.3), n=37	• 36/42 participants in the iCBT group and 35/42 in the control group completed the 6 months follow up assessment • A significantly higher proportion of the non-completers had a history of psychotherapy compared to those who completed all the assessments (p=0.014, Fisher's exact test)
Jarrett et al. 2000 [40]	• RCT • Funding: National Institute of Mental Health	• Eligibility: HRSD-21 ≤ 9, not meeting criteria for DSM-III-R MDD, completed an acute	CBT-M (n=6) vs. Placebo (n=4)	Relapse/recurrence (RDC) No (%) at 8m: • CBT-M: 1/6 (20)	• Relapse/ recurrence was defined according

	US, study medication was donated by Parker Davis; CoI: none • Setting: outpatients • Sample size: 31; 17 patients on maintenance treatment, 14 patients discontinued treatment • Duration: 8 months of continued or discontinued treatment, 18 months of follow up	phase treatment trial, consented to the protocol • Exclusion criteria: diagnosis of MDD according to DSM-III-R MDD, HRSD-21 > 9, not completed sessions of acute treatment, refused to give consent • Patient characteristics: 83.9% of the sample were females with mean age 41.2 (SD=10.5) years, married (54.8%), employed full time (61.3%), with 74.2% having lifetime diagnosis of comorbid disorder according to DSM-III-R[2]		• Placebo: 3/4 (75) Relapse (RDC) No (%) at 12m: • CBT-M: 1/6 (20) • Placebo: 3/4 (75) Relapse (RDC) No (%) at 20m: • CBT-M: 2/6 (40) • Placebo: 3/4 (75) Relapse (RDC) No (%) at 24m: • CBT-M: 2/6 (40) Placebo: 3/4 (75)	to the Research Diagnostic Criteria
Jarrett et al. 2013 [43] **Note: companion with Jarrett et al. 2012** [88]	• RCT • Funding: National Institute of Mental Health; CoI: reported in detail • Setting: outpatients • Sample size: 241 • Duration: 8 months of maintenance treatment, 8, 20, 32 months of follow up	• Eligibility criteria: diagnosis of MDD according DSM-IV diagnosed by SCID-I, HRSD-17≥14 • Exclusion criteria: medical disorders, concurrent DSM-IV psychiatric disorders, active suicidal risk, no response in prior treatment with CT or fluoxetine, inadequate abilities in English language, current or planned pregnancy, failure to provide informed consent • Participants characteristics: 66.2% females Caucasians (88.6%), with a mean age of 42.9 (SD=11.9)	CBT-M (n=86) vs. Placebo (n=69)	Relapse/recurrence (DSM-IV, score>5 for 2 consecutive weeks) No (%) at 8m: • CBT-M: 16/86 (18.3) • Placebo: 26 /69 (32.7) Relapse/ recurrence (DSM-IV, score>5 for 2 consecutive weeks) No (%) at 20m: • CBT-M: 30/86 (35.0) • Placebo: 29/69 (42.7) Relapse/ recurrence (DSM-IV, score>5 for 2 consecutive weeks) No (%) at 32m: • CBT-M: 37/86 (42.5)	• CBT-M: 16/86 participants did not complete the maintenance treatment; 23/70 participants discontinued follow up between 9-20 months • 33 patients in placebo group completed the 32 months follow up assessments

				• Placebo:39 /69 (56.3)	
Klein et al. 2004 [44]	• RCT • Funding: Bristol-Myers Squibb; CoI: NR • Setting: NR • Sample size: 82 • Duration: 1 year follow up	• Eligibility criteria: age 18-75 years, responders to an acute phase treatment of CBASP for MDD according to DSM-IV • Exclusion criteria: psychosis, bipolar disorder, OCD, eating disorders, substance abuse or dependence, high risk for suicide, antisocial, schizotypical or severe borderline personality disorders, serious medical disorders, history of failing three adequate trials of ADMs from at least two different classes, 2 different courses of empirically supported psychotherapy for depression, electroconvulsive therapy in the past 3 years • Patients characteristics: 67%of patients were females with a mean age of 45.1 years (SD=11.4)	CBASP (n=42) vs. Assessment only (n=40)	Recurrence (HRSD-24≥16; DSM-IV) No (%) at 1 year: • CBASP: 2/42 (2.6) • Assessment only: 8/40 (20.9)	• No comments
Ma et al. 2004 [45]	• RCT • Funding: NR; CoI: NR • Setting: patients were recruited through general practitioners • Sample size: 75 • Duration: 1 year follow up	• Eligibility criteria: 18-65 years of age, meeting DSM-IV criteria for recurrent MDD, ≥2 previous episodes of MDD occurred in the absence of history of mania or hypomania, ≥2 episodes of MDD occurred within the past 2 years, having a	MBCT (n=37) vs. TAU (n=38)	Relapse/recurrence (DSM-III-R) No (%) at 1 year: • MBCT: 14/36 (39) • TAU: 23/37 (62)	• Complete data were available for 73/75 (97%) patients in the intention to treat sample

		history of treatment with ADM, not receiving ADM and being in recovery/remission at the time of the baseline assessment for at least the preceding 12 weeks, a score at the HRSD<10 • Exclusion criteria: history of schizophrenia or schizoaffective disorder, borderline personality disorder, organic mental disorder or pervasive developmental delay, current OCD or eating disorder, dysthymia before the age of 20, >4 lifetime sessions of CBT, current psychotherapy or counseling>1/month • Patients characteristics: the majority of patients were females (TAU: 79%; MBCT: 73%) with a mean age of 46.1 (SD=9.3) in the TAU group and 42.9 (SD=8.4) in the MBCT group			
Schulberg et al. 1996 [46]	• RCT • Funding: NR; CoI: none • Setting: outpatients recruited from 4 academically affiliated ambulatory health centers	• Eligibility: 18-64 years of age, meeting DSM-III-R criteria for current MDD, HRSD-17≥13 • Exclusion criteria: not mentioned	IPT-M (n=93) vs. TAU (n=92)	Mean BDI (SE) at 8m: • IPT-M: 9.3 (0.9) • TAU: 13.1 (0.9)	• 42% of the participants who followed IPT and the 1/5 of those who followed TAU completed the treatment

	• Sample size: 276 • Duration: 8 months of maintenance treatment	• Patients characteristics: the majority of patients were females (approximately 83%) with a mean age ranging across the three different groups from 36.7 (SD=8.8) to 38.6 (SD=11.6)			
Segal et al. 2010 [47]	• RCT • Funding: National Institute of Mental Health, CoI: none • Setting: outpatients recruited through clinical referrals, psychiatric outreach, media announcements • Sample size: 84 • Duration: 18 months follow up	• Eligibility criteria: diagnosis of MDD according to DSM-IV criteria, HRSD-17 ≥16, previous episodes of depression ≥ 2, English speakers • Exclusion criteria: bipolar disorder, electroconvulsive therapy, depression secondary to current mental disorder, current or planned pregnancy, current practice of meditation • Patients characteristics: 63% of patients were females, Caucasians (79%), with a mean age 44 (SD=11) years	MBCT-M (n=26) vs. Placebo + Clin (n=30)	Relapse (HRSD≥16; SCID) No (%) at 18m: • MBCT-M: 7/26 (28) • Placebo + Clin: 21/30 (71)	• 11 patients dropped out during the maintenance therapy: 5 MBCT; 6 placebo group, 50% of dropouts occurred at the 9th month
Stangier et al. 2013 [48]	• RCT • Funding: German Research Funding; CoI: reported on in detail • Setting: psychiatric hospitals, outpatients practices, and advertisements in local newspapers and the Internet • Sample size: 180	• Eligibility criteria: diagnosis of recurrent nonpsychotic MDD currently in remission, history of at least 3 major depressive episodes, HRSD≤9 over 8 weeks before randomization, 18-65 years of age • Exclusion criteria: organic mental disorder, psychological or behavioral	CT (n=90) vs. Manualized psychoeducation (n=90)	Relapse (LIFE, DSM-IV) No (%) at 1 year: • CT: 46/90 (51) • Manualized psychoeducation: 54/90 (60) Adverse effects: 2 patients died by suicide (1 after discontinuing CT and 1 after completing manualized psychoeducation)	• 74/90 participants in the CT group and 59/90 participants in the manualized psychoeducation group completed the 1 year follow up assessment

	• Duration: 1 year follow up	disorders caused by psychotropic substances, schizophrenia, schizoaffective disorder, bipolar disorder, borderline personality disorder, mental retardation, adjustment disorder, suicidal risk, sever comorbid medical condition, CT in the 1 year preceding randomization • Patients characteristics: the majority of the participants were females (72.2%) with a mean age of 48.6 years (SD=11.6)			
Vittengl et al. 2009 [42] **Note: companion with Jarret et al. 2001** [41]	• RCT • Funding: National Institute of Mental Health (NIMH); CoI: NR • Setting: outpatients (not specified) • Sample size: 84 • Duration: 16 months follow up	• Eligibility criteria: nonpsychotic recurrent MDD with clear interepisode recovery (≥2 months) according to DSM-IV criteria • Exclusion criteria: NR • Patients characteristics: participants had a mean age of 42.7 years (SD=10.4) and were mostly women (72.6%)	CT (n=41) vs. Assessment control (n=43)	Remission (PSRs≥6, DSM-IV) No (%) at 16m: • CT: 40/41 (97) • Assessment control: 38/43 (88) Recovery (PSRs≥35 DSM-IV) No (%) at 16m: • control: 27/43 (62)	• No comments
Teasdale et al. 2000 [49]	• RCT • Funding: Wales Office for Research and Development for Health and Social Care; CoI: NR	• Eligibility criteria: 18-65 years of age, history of recurrent MDD according to DSM-II-R, history of treatment by ADM, recovery/remission at baseline for at least 2 preceding weeks	MBCT (n=76) vs. TAU (n=69)	Relapse/recurrence (meeting DSM-III-R criteria for major depressive episode) No (%) at 60w: • MBCT: 22/55 (40) • TAU: 33/50 (66)	• Data on relapse/recurrence were available for 137/145 (95%) in the ITT sample

	• Setting: community health care facilities, media advertisement • Sample size: 145 • Duration : 60 weeks post randomization	• Exclusion criteria: schizophrenia or schizoaffective disorder, substance abuse, eating disorders, OCD, organic mental disorder, pervasive developmental delay, borderline personality disorder, dysthymia before the age 20, current psychotherapy or counseling, current practice medication more than 1/week or yoga more than 2/week • Patients characteristics: participants were mostly females (MBCT: 74%; TAU: 78%) with a mean age of 40.7 years (SD=10.3) in the MBCT group and 46.2 years (SD=9.6) in the TAU group		

Abbreviations: CBASP: Cognitive Behavioral Analysis of Psychotherapy; CM: Clinical Management; CoI: Conflict of Interest; CT: Cognitive Therapy; DSM: Diagnostic and Statistical Manual for Mental Disorders; HRSD: Hamilton Rating Scale for Depression; iCT: internet based Cognitive Therapy; ITT: Intention To Treat; LIFE: Longitudinal Interval Follow-Up Evaluation; MADRS-S:l Montgomery Asberg Depression Rating Scale; MBCT: Mindfulness Based Cognitive Therapy; MC: Medication Clinic; NR: Not Reported; OCD: Obsessive Compulsive Disorder; PSRs: Psychiatric Status Ratings; QLDS: Quality of Life in Depression Scale; RCT: Randomized Controlled Trial; RDC: Research Diagnostic Criteria; SCID: Structural Clinical Interview for DSM-IV; TAU: Treatment As Usual; w:weeks; WHOQOL: World Health Organization Quality of Life

5.2. Research question 2

Table 10 – Evidence table systematic reviews research question 2

Reference	Methodology	Patient characteristics	Intervention(s)	Results	Comments, quality appraisal review authors
Bortolotti et al. 2008 [2]	• SR • Funding: not mentioned; CoI: not mentioned • Databases searched: MEDLINE, EMBASE, PsycINFO, Cochrane Library • Search date: January 1995-June 2006 • Languages included: English • Number of studies included: 10 trials reported in 12 publications	• Eligibility criteria: RCTs of effectiveness of psychological interventions compared to ADM in primary care settings, participants had to meet criteria of DSM-III/ DSM-IV/ ICD-10 for single/recurrent MDD, interventions had: an explicit psychological orientation, standard number of sessions, administered by trained personnel, control group of either usual care or ADM • Exclusion criteria: psychological intervention provided with another treatment combination (e.g. ADM) • Patient characteristics: 176 primary care outpatients, 82.7% females with mean age 35.5 (SD=10.9) range: 18-79 years, most of the participants were Caucasians	Psychological interventions: PST, IPT, CBT (delivered face to face or computerised), psychodynamic, counselling vs. ADM	Psychotherapy vs. ADM at ≥6 months follow up results from 3 studies: Cohen's d=0.03 slightly in favour of ADM, 95%CI=-0.21, 0.26; heterogeneity: Chi^2=2.28, DF=3 (p=0.52), I^2=0%	• The CCDAN Rating Scale score was 24-37, with three studies presenting scores<30 due to methodological limitations, such as small sample size
Gloaguen et al.1998 [3]	• SR • Funding: not mentioned; CoI: not mentioned • Databases searched: MEDILE, EMBASE, references in papers	• Eligibility criteria: RCT, CT group compared to waiting list/placebo/ ADM/ behavioural therapy/ other psychotherapeutic treatment, patients with MDD or dysthymic disorder according to RDC, or DSM-III-R • Exclusion criteria: psychotic depression and bipolar disorder	CT vs. ADM	Relapse rate (BDI<10) cognitive therapy versus ADM at follow up ≥6 months (based on 8 studies): on average 29.5% of CT patients vs. 60% of ADM patients relapsed	• Study quality was not formally assessed; multiple trials were excluded based on methodological flaws

	and books, previous meta-analyses • Search date: not mentioned • Languages included: not mentioned • Number of studies included: 48	• Patient characteristics: 2 765 outpatients with mean percentage of women 71.1 and mean age of 39.3 years			
Cuijpers et al, 2013 [4]	• SR • Funding: non-specific grant; CoI: none • Databases searched: PubMed, PsycInfo, EMBASE, Cochrane Central Register of Controlled Trials • Search date: January 1996 – January 2012 • Languages included: no language restrictions • Number of studies included: 9	• Eligibility criteria: RCTs, CBT according to Beck's manual compared to pharmacotherapy, adults, diagnosed MDD, follow up 6-18 months, maximum 5 booster unplanned sessions at the follow up • Exclusion criteria: maintenance treatments, studies without a diagnosis of MDD according to an interview (e.g. CIDI) • Patient characteristics: 506 outpatients, 271 in CBT and 235 in pharmacotherapy	CT vs. ADM	1 year outcome of acute phase CBT vs. continuation of ADM results based on 5 studies: OR=1.62, 95%CI= 0.97-2.72 of a positive outcome to occur (remission : responded to treatment and remained well without symptom return); heterogeneity: I^2=05 with 95%CI=0%-79%; NNT=10, after the exclusion of one outlier: OR=1.77, 95%CI=1.04-3.01; NNT=8 in favour of CBT Acute phase CT vs. ADM discontinuation at≥6 months follow up: OR=2.61 (95%CI=1.58-4.31,p<0.001) Acute phase CT vs. ADM continuation at≥6 months follow up: OR=1.62 (59%CI=0.97-2.72, p<0.1)	• Relatively high overall quality of the included studies

Abbreviations: ADM: Antidepressant Medication; CCDAN: Cochrane Depression Anxiety and Neurosis scale; CCDANCTR: Cochrane Depression Anxiety and Neurosis Review Groups specialized register; CI: Confidence Interval; CIDI: Composite International Diagnostic Interview; CoI: conflicts of interest; CBT: Cognitive Behavioural Therapy; DF: Degrees of Freedom; DSM: Diagnostic and Statistical Manual of mental disorders; GMS: Geriatric Mental State; HDRS: Hamilton Rating Scale; ICD: International Classification of Diseases; IPT: Interpersonal Psychotherapy; MDD: Major Depressive Disorder; NNT: Number Needed to Treat; OR: Odds Ratio; PST: Problem Solving Therapy; RCT: Randomized Controlled Trial; RDC: Research Diagnostic Criteria; SR: Systematic Review; SD: Standard Deviation

Table 11 – Evidence tables RCTs acute phase treatment research question 2

Reference	Methodology	Patient characteristics	Intervention(s)	Results	Comments
Blackburn et al, 1986 [50] **Note: Companion with Blackburn et al. 1981** [89]	• RCT • Funding: not reported • Setting: outpatients recruited from hospitals and general practice clinic services in Edinburgh • Sample size: 25 • Duration: 15 weeks of acute treatment, 2 years of follow up	• Eligibility criteria: adults with MDD according to RDC, BDI≥14 • Exclusion criteria; other psychiatric disorders such as schizophrenia, panic disorder, alcohol problems • Patients characteristics: the CBT group consisted of 12/15 females with mean age of 39.2 (SD=12.2), while the ADM group consisted of 9/10 females with mean age 47.9 (SD=10.0)	CBT (n=15) vs. ADM (n=10) ADM: amitriptyline or clomipramine with a dosage of 150mg/d	Relapse (HRSD≥8; BDI≥9) No (%) at 2 years: • CBT: 3/15 (23) • ADM: 9/10 (78) Mean HDRS scores (SD) at 6 months year follow up : • CBT: 4.9 (4.9), n=13 • ADM: 2.7 (2.9), n=6 Mean BDI scores (SD) at 6 m: • CBT: 5.7 (5.2), n=14 • ADM: 5.5 (6.3), n=6	• 2 responders (BDI<8; HRSD<9 at the end of acute treatment)of CT group and 2 of the responders at the ADM group lost to follow up
David et al. 2008 [51]	• RCT • Funding: Romanian Center for Cognitive and Behavioral Psychotherapies; CoI: none • Setting: single outpatient centre, Romania • Sample size: 170 • Duration: 14 weeks of acute treatment and 6-months follow-up	• Eligibility criteria: MDD according to the DSM-IV, scored at least BDI>20, HRSD>14 • Exclusion criteria: concurrent psychiatric disorders: bipolar, psychotic subtypes of depression, panic disorder, current substance abuse, past or present schizophrenia or schizophreniform disorder, organic brain syndrome, or mental retardation, some concurrent form of	REBT (n=57) vs. CBT (n=56) vs. ADM (n=57) REBT and CT: 14 weeks of 20 individual 50-minutes therapy sessions ADM: fluoxetine provided in flexible	Remission (HRSD<7) at 6m: • REBT: 25/57 • CBT: 24/56 • ADM: 19/57 Relapse (meeting DSM criteria for MDD while there was improvement (unspecified) at post treatment) at 6m: • REBT: 3/49 • CBT: 1/48 • ADM: 5/47	• Over 14 weeks of treatment attrition was 14% for the fluoxetine, 10% for the CBT and 9% for the REBT groups

		psychotherapy, patients who were receiving psychotropic medication, patients who needed hospitalization for imminent suicide or psychosis. • Patient characteristics: 113/170 participants were females with a mean age of 35-37 years, 81/170 highly educated and 162/170 were Caucasians	daily dosage, 20 individual 20–50 minutes sessions with a psychiatrist focused on pharmacotherapy management and clinical management	Mean HSDR (SD) at 6 months in completers: • REBT: 6.8 (6.4), n=48 • CBT: 7 (6.6), n=49 • ADM: 9.8 (5.5), n=47 Mean BDI (SD) at 6m in completers: • REBT: 9.2 (6.2), n=48 • CBT: 9.6 (6.6), n=49 • ADM: 10.8 (6.1), n=47	
Dekker et al. 2013 [52]	• RCT • Funding: unrestricted educational grant from Wyeth Nederland; CoI: none • Setting: outpatients recruited for psychiatric hospital in the Netherlands • Sample size: 103 • Duration: 16 weeks of acute treatment and 6-months follow-up phase	• Eligibility criteria:18- 65 years old, depressive episode with or without dysthymia according to DSM-IV, diagnosed using the CIDI, a 17-item 14-26 on HRSD, written informed consent • Exclusion criteria: bipolar disorder, drug abuse, psychotic symptoms, serious communicative problem, or physical restrictions precluding participation, the necessity of immediate hospitalization or day treatment, contraindication for antidepressants • Patient characteristics: 73.8% females; 38.8% aged between 30-39; 46.9% had intermediate educational	Short term PDT (n=59) vs. ADM (n=44) ADM:	Mean HRSD (SD) at 6m in per protocol analysis: • PDT: 13.3 (8), n=59 • Pharmacotherapy : 16 (8), n=44 ADM resulted in higher but not statistically significant scores on HRSD compared to IPD condition (p-value>0.05) Mean HRSD (SD) at 6m in completers analysis: • PDT: 9.84 (6.8), n=37 • Pharmacotherapy: 15.4 (8), n=31 ADM resulted in higher scores on HRSD compared to IPD condition (p<0.05)	• A percentage of 38.7% of the participants dropped out during the trial, no observed differences in the pattern of attrition between the two groups

		level; 41.8% experienced 1 depressive episode in the past 5 years	SNRI venlafaxine (75 mg/day).The dose of venlafaxine changed up to 225 mg according to tolerability and response of the patients. Citalopram (60mg/day) or nortriptyline (150mg/day) was the first choice ADM in case of intolerance. Regular appointments with pharmacotherapist in the first two months		
Dobson et al. 2008 [53] **Note: Companion paper with Dimidjian et al. 2006** [90]	• RCT • Funding: National Institute of Mental Health Grant; Col: none • Setting: outpatients recruited through media advertisement • Sample size: 85 • Duration: 16 weeks of acute treatment 1 and 2 years follow up phase	• Eligibility criteria:18- 60 years old, MDD according to diagnostic criteria of DSM-IV, BDI-II ≥ 20, HRSD ≥ 14 • Exclusion criteria: psychosis, bipolar disorder, organic brain syndrome, or mental retardation. , substantial, suicide risk; a current or primary diagnosis of alcohol, drug abuse, dependence, positive toxicology screen, primary diagnosis of panic disorder, obsessive–compulsive disorder, psychogenic pain disorder,	BA (n=27) vs. CBT (n=30) vs. ADM (n=28) vs. ADM-placebo (n=12) ADM: paroxetine with maximum dosage of 50 mg/day adjusted	Sustained response and recovery No (%) at 1 year: • BA: 12/27 (44) • CBT: 10/30 (34) • ADM: 6/28 (23) • ADM (placebo) : 2/12 (20) Sustained response and recovery at 2 No (%) years: • BA: 8/27 (28) • CBT: 11/30 (35) • ADM: 6/28 (23)	• In the first year dropped out: • BA: 5/21 • CBT: 3/26 • ADM: 2/26 Responders to treatment did not different significantly from non-responders

		anorexia, bulimia, antisocial, borderline, schizotypal personality disorder, patients who had not responded favorably within the preceding year to either CBT or paroxetine • Patient characteristics: n= 159 (66%) females, age n=39.90 (SD=10.97), any current Axis I diagnosis: 68 (28.2%), Any lifetime Axis I diagnosis: 121 (50.2%)	according to a maximum tolerated dosage based on a predetermined regimen	Relapse (HRSD≥14; PSRs≥5 for 2 consecutive weeks in the 1st year of follow up) No (%) at 1 year: • BA: 14/27 (50) • CBT:12/30 (39) • ADM: 15/28 (53) • ADM (placebo): 7/12 (59) Recurrence (HRSD≥14; PSRs≥5 for 2 consecutive weeks in the 2nd year of follow up) No (%) at 2 years: • BA: 7/27 (26) • CBT: 7/30 (24) • ADM: 14/28 (52) On long term CT or BA resulted in better recovery rates in comparison with paroxetine	
Evans et al. 1992 [54] **Note: Companion with Hollon et al. 1992** [67]	• RCT • Funding: National Institute for Mental Health and grants of Ramsey Foundation; CoI: none • Setting: outpatients recruited from psychiatric treatment facilities • Sample size: 107 at the randomization; 44 at the follow up	• Eligibility criteria: adults meeting RDC for unipolar MDD • Exclusion criteria: bipolar affective disorder, schizophrenia, organic brain syndrome, somatization disorder, antisocial personality, schizotypal features, alcoholism, drug use disorder or RDC anxiety related disorders • Patient characteristics: the majority of participants were females (80%) Caucasian	CBT (n=10) vs. ADM (n=10) ADM: imipramine hydrochloride starting with 75 mg/day and increasing gradually throughout the treatment. The pharmacotherapy was accompanied by one weekly session	Relapse (two consecutive BDI≥16 scores (single BDI≥16 score) at 2 years: • CT: 2/10 (3) • ADM: 5/10 (7) Return to treatment for depression (to any kind of treatment) at 2 years: • CT: 1/10 (3) • ADM: 3/10 (4) • ADM plus continuation: 2/10 (4)	• 43/64 participants dropped out before acute treatment completion

	• Duration: 3 weeks of acute treatment, 2 years follow up	(71%) with a mean age 32.6 (SD=10.8)	of pharmacotherapy management with a psychiatrist	Survive, no relapse/ return to treatment for depression (no relapse/ return to any kind of treatment) at 2 years: • CBT: 7/10 (5) • ADM: 2/10 (1)	
Hollon et al. 2005 [55] **Note: Companion with De Rubeis et al. 2005** [91]	• RCT • Funding: National Institute of Mental Health, Bethesda, Md • Setting: outpatients psychiatric clinics • Sample size: 240; 104 treatment responders assigned to 3 additional booster sessions • Duration: 16 weeks of acute treatment, 12 months of maintenance treatment	• Eligibility criteria: MDD assed by SCID, HDRS-17≥20 for 2 consecutive weeks, • Exclusion criteria: history of psychosis, bipolar I disorder, another Axis I disorder, borderline, antisocial or schizotypical personality disorder, clinically significant medical disorder • Patients characteristics: most of the participants were females (59%), Caucasian (82%), with mild to moderate depression	CBT (n=35) vs. ADM (n=34) ADM: paroxetine with mean dosage 14.0 (4.9)/d , those who had not experienced full response by 8 weeks switched to lithium or to desipramine hydrochloride	Relapse (HDRS-17≥14; patients who meet criteria for MDD for at least 2 consecutive weeks) No (%) at 12m: • CBT: 11/35 (30.8) • ADM: 16 /34 (47) Sustained response (patients who completed and responded to acute treatment and stayed free from relapse across maintenance treatment) No (%) at 12m: • CBT: 13/35 (37.1) • ADM: 9/34 (26.4)	• 16/104 (15.4%) participants dropped out before the completion of the 12m follow up
Kovacs et al. 1981 [56] **Note: Companion paper with Rush et al. 1977** [92]	• RCT • Funding: National Assotiation of Mental Health and NIMH grant; CoI: none • Setting: outpatients who sought psychiatric treatment for depression • Sample size: 41	• Eligibility criteria: moderate to severe levels of depression defined as BDI≥20; HRSD≥14; meeting criteria of Feighner, Robins, Guze, Woodruff, Winokur, and Munoz (1972) for depressive disorder • Exclusion criteria: bipolar depressive disorder, organic brain syndrome, antisocial personality disorder,	CBT (n=18) vs. ADM (n=18) ADM: imipramine with an averaged dosage of 139 mg/d, range: 0–300 mg/d	Remission (BDI<16) at 1 year: • CBT: 10/18 • ADM: 6/17 Intermittently symptomatic (less than 50% of BDI scores ≥ 16) at 1 year: • CBT: 5/18 • ADM: 5/17	• Higher dropout rates for patients receiving ADM (32%) than cognitive therapy (5%)

	• Duration: 12 weeks of acute treatment, 1 year follow up	hallucinations, delusions, advisability, inpatients hospitalisation, medical history which contraindicated the use of ADM, prior history of poor response to tricyclic ADM • Patient characteristics: 26 females and 15 males with mean age 35 years old, 31 reported suicidal ideation at the baseline assessment		Chronically symptomatic (more than 50% of BDI scores≥16) at 1 year: • CBT: 3/18 • ADM: 6/18	
Mohr at al. 2001 [58]	• RCT • Funding: National Multiple Sclerosis Society and R01 MH59708 from the National Institute of Mental Health. • Setting: outpatients referred by health care professionals and by advertisement • Sample size: 41 • Duration: 16 weeks of acute treatment, 6 months post-randomization	• Eligibility criteria: diagnosis of MS, relapse or remission of a secondary progressive disease course, MDD based on SCID, HRSD-17≥16, BDI≥16, willingness to follow only the provided by the study ADM and psychotherapy • Exclusion criteria: other major psychological disorder such as psychosis, bipolar disorder, substance abuse, meeting criteria for dementia, severe suicidal ideation, treatment with cortico steroids during the previous 2 weeks, treatment interferon medication during the previous 2 weeks, disorders of central neuron system, current or planned pregnancy, current ADM or	CBT (n=20) vs. ADM (N=21) ADM: Sertraline with a dosage of 50mg/d, the dosage was increased by 50mg every 4 weeks until a dosage of 200mg/d was reached.	Mean BDI (SD) at 6m: • CTB: 12.1 (7.4), n=20 • ADM: 15.5 (6.9), n=21 Mean HRSD (SD) at 6m: • CBT: 11.3 (5.6), n=16 • ADM: 12.5 (5.3), n=11	• CBT: 5% of the patients dropped out • ADM": 29% of the patients dropped out

		psychotherapeutic treatment for depression • Patients characteristics: 73% females Caucasian (84%)averaged 43.9 (SD=10.0) years in age			
Moradveisi et al. 2013 [59]	• RCT • Funding: Maastricht University and Kurdistan University of Medical Sciences; CoI: none • Setting: outpatients recruited through media advertisement and referrals to clinics and general practitioners • Sample size: 100 • Duration: 16 sessions over 2 weeks of acute treatment, 49 weeks follow up	• Eligibility criteria: MDD according to the DSM-IV-TR, confirmed by SCID-CT, BDI-II≥19, HRSD≥14, provision of written consent • Exclusion criteria: bipolar disorder, psychosis, organic brain syndrome, intellectual disability, substantial and imminent suicide risk; alcohol or drug misuse or dependence, or a positive toxicology screen; a primary diagnosis other than major depressive disorder; adverse response to ADM, unstable medical condition; medication use that would complicate antidepressant administration, allergy to ADM/sertraline, pregnancy, inability to read or to understand the study's instruments • Patient characteristics: 85% of the sample were females with mean age of 31.37 (SD=8.97), 40% college graduated and 35%	BA (n=50) vs. ADM-TAU (n=50) ADM: sertraline with maximum dosage of 100 mg/day	Remission (HRSD≤7; BDI≤10) at 49w: • BA: 29/44 (65.9%) • ADM: 12/43 (27.9%) Response (50% reduction from baseline HRSD and BDI-II) at 49w: • BA: 39/44 (88.6%) • ADM: 20/43 (46.5%) Relapse (patients who remitted at week 13 and did not meet any longer the remission criterion at week 49) at 49w: • BA: 10/36 (27.8%) • ADM: 12/20 (60%) Mean Cohen's d for HSDR at 49w: • BA (n=50):-13.58, d=2.54 • ADM:-11.24, d=2.11 Mean Cohen's d for BDI at 49 weeks:	• 10% of the participants dropped out from behavioural activation and 30% from TAU-ADM • This difference in attrition rates between the two groups was significant (χ^2 (1,n=100)=6.25, p=0.012, odds ratio (OR)=3.86, 95% CI=1.28-11.64

		employed, 20% with personality disorders		• BA (n=50):-18.79, d=2.96 • ADM:-15.12, d=2.39	
Miranda et al. 2003 [57] **Note: Companion paper with Miranda et al. 2006** [82]	• RCT • Funding: National Institute of Mental Health. Paroxetine was provided by GlaxoSmithKline; CoI: none • Setting: service setting, low-income women receiving country health care in Washington • Sample size: 267 • Duration: 6 months of pharmacotherapy, 8 weeks of psychotherapy with possibility of 8 weeks extension of CBT after the end of the initial 8 weeks, 1 year follow up	• Eligibility criteria: current MDD diagnosed by CIDI, 3 cultural groups : black women, Latinas and white Americans, • Exclusion criteria mania, psychosis, alcohol or drug abuse/dependence, being pregnant or planning to be pregnant • Patient characteristics: the majority of participants were poor Latina and black women with mean age 29.3 (SD=7.9) with only a 6.7% of those to have completed college education and with a 49.2% to have experienced domestic violence and 1/3 had been raped	CBT (n=90) vs. ADM (n=88) ADM: paroxetine following dosage adjustment according to changes in HDRS scores. The dosage fluctuated from 10-50mg/day with a mean of 30mg/day	Mean scores (95% CI) HDRS at 6m: • CBT: 7.2 (5.0-9.3), n=90 • ADM: 5.2 (3.0-7.3), n=88 Comparison between treatment conditions for HDRS at 1 year follow up: • Medication vs. CBT: F(df)=1.39 (3.791), p=0.24	• Adherence at 6 months: 75% attended ≥5 weeks of ADM and 53% received ≥3 CBT sessions • Ethnicity did not influence the compliance rates
Mynors-Wallis et al. 2000 [60]	• RCT • Funding: Medical Research Council; CoI: none • Setting: outpatients recruited through 24 general practitioners' lists in Oxfordshire from 5/1994 until 9/1994. • Sample size: 151	• Eligibility: aged 18-65 years with diagnosis of depressive disorder according to RDC, HRSD-17≥13, 4 weeks minimum duration of the disorder • Exclusion criteria: other psychiatric disorders, concurrent treatment with ADM, brain damage, learning disabilities, schizophrenia, drug dependency, recent alcohol abuse, physical	Problem solving with GP (n=39) vs. Problem solving with nurse (n=41) vs. ADM (n=36)	Recovery (HRSD-17≤7) at 52w, No (%): • PS (GP): 24/39 (62) • PS (nurse): 23/41 (56) • ADM: 20/36 (54) Partially recovered (HRSD-17=8-12) at 52w No (%): • PS (GP): 6/39 (15) • PS (nurse): 8/41 (20) • ADM: 9/36 (25)	• 116/151 participants randomized to the four conditions completed the full course of treatment • Problem solving had a mean of 4.6 (range: 1-7) treatment sessions; combination

	• Duration: 12 weeks of acute treatment, 52 weeks of follow up	illness, inconsistent with research protocol clinical status, psychotic features, severe suicidal risk • Patient characteristics: 116 women with mean age of 35 years old (range: 19-62) with 51 participants having over 6 months duration of depression	ADM: fluvoxamine with dosage of 100mg/day or paroxetine with initial dosage of 20mg/day	Not recovered (HRSD-17 ≥ 13) at 52w No (%): • PS (GP): 9/39 (23) • PS (nurse): 10/41 (24) • ADM: 7/36 (19) Mean scores HDRS (95% CI) at 52w : • PS (GP): 5.8 (2.7-8.8) • PS (nurse):5.9 (3.4 -8.3) • ADM: 7.2 (5.1–9.2) Mean scores BDI (95% CI) at 52w: • PS (GP): 9.6 (4.6–14.7) • PS (nurse):11.5 (6.8–16.2) • ADM: 11.5 (6.9–16.2)	treatment had a mean of 5.2 (range: 1-7) completed sessions; ADM had a mean number of 10.7 (range: 2-12) completed weeks
Segal et al. 2006 [61]	• RCT • Funding: Canadian Institutes for Health Research, Centre of Addiction and Mental Health; CoI: none • Setting: outpatients recruited though clinical referrals of the Mood and Anxiety Programme at the Centre of Addiction and Mental Health or through advertisement • Sample size: 99 • Duration: 18 months	• Eligibility: diagnosis of MDD according to DSM-IV criteria, 18-65 years of age, minimum education the 8th grade, English written and verbal abilities, provision of informed consent • Exclusion criteria: bipolar disorder, schizophrenia, substance abuse, borderline personality disorder, patients who followed electroconvulsive therapy in the past 6 months, HDRS<12 • Patient characteristics: patients were mostly females	CBT (n=59) vs. ADM (n=40) ADM: paroxetine hydrochloride (20-50mg/day for 6 months) or venlafaxine hydrochloride (75-225mg/day for 6 months)	Relapse (relapse was defined according to DSM-IV criteria derived from LIFE) No (%) at 18m: • CBT: 23/59 (39) • ADM: 19/40 (47.5) Response (undefined) No (%) at 8m of treatment: • CBT: 42/59 (72) • ADM: 32/40 (80)	• 46% and 54% of patients following ADM and CBT respectively, discontinued treatment until the end of the 8 months treatment session

		(n=48) with mean age of 38.17 years (SD=11.23)			
Shea et al. 1992 [10] **Note: Companion paper with Elkin et al. 1989** [9]	• RCT • Funding: Psychosocial Treatments Research Branch, Division of Extramural Research Programmes, NIMH; CoI: none • Setting: outpatients utilizing mental health facilities • Sample size: 250 • Duration: 16 weeks of acute treatment and 6, 12 and 18-months follow-up	• Eligibility criteria: current episode of MDD according to RDC and were assessed by the SADS interview, HRSD ≥ 14 • Exclusion criteria: bipolar I, bipolar II, panic disorder, alcoholism, drug use, antisocial personality disorder, Briquet's syndrome, psychotic subtype of MDD • Patient characteristics: most of the participants were Caucasian (89%) females (70%), college graduates (40%)	CBT (n=59) vs. IPT (n=61) vs. ADM plus CM (n=57) ADM : imipramine hydrocloride plus CM (185 mg/day while the 95% of the participants received at least 150 mg/day) with 45-60 minutes pharmacotherapy sessions	Recovered (1-2 or no symptoms for ≥8w after treatment termination) No (% at ITT) at 18m: • CBT: 14/40 (49) • IPT: 21/47 (40) • ADM plus CM: 18/38 (38) Relapse (meeting criteria for MDD or return to treatment) No (% at ITT)at 18m: • CBT: 13/40 (28) • IPT: 9/47 (17) • ADM plus CM:7 /38 (15) Recovered and no relapsed No (% at ITT)at 18m: • CBT: 14/40 (30) • IPT: 14/47 (26) • ADM plus CM:9 /38 (19)	• Attrition rates across the 4 conditions: • CBT: 32% • IPT: 23% • ADM-CM: 33% • Early treatment terminators scored higher on depressive symptoms at the baseline compare to completers
Simons et al. 1986 [62] **Note: companion with DiMascio et al. 1979** [86]	• RCT • Funding: not mentioned ; CoI: none • Setting: first time as well as former patients (returning after relapse) patients recruited from Washington University Out-Patient Psychiatric Clinic, St Luis • Sample size: 70	• Eligibility: aged 18-60 years, meeting diagnosis for primary affective disorder according to the NIMD – Interview Schedule, HRSD-17 ≥14, BDI≥20 • Exclusion criteria: need for hospitalization, current psychotropic medication, refusing of random assignment	CBT (n=19) vs. ADM (n=16) ADM: nortriptyline with a flexible dose of 100-200 mg/d	Responders (BDI<10) at 1 year: • CBT: 7/19 • ADM: 7/16 Relapse (BDI scores≥16) at 1 year: • CBT: 0/19 • ADM: 4/16	• Data from 91% of the randomized patients were available at 6 months follow up, while 1 year follow was completed by the 89% of the randomized participants • Non-responders were considered

	• Duration: 12 weeks of acute treatment, 1 year follow up	• Patient characteristics: not mentioned		Stay well (10>BDI score<16) at 1 year: • CBT: 7/19 • ADM: 2/16	patients with BDI score≥10; responders were patients with BDI score<10; relapse and recurrence was defined as BDI scores≥16
Weissman et al. 1981[27] **Note: Companion paper with diMascio 1979[86]**	• RCT • Funding Clinical Research Branch, National Institute of Mental Health; CoI: none • Setting: outpatients recruited from the Connecticut Mental Health Centre (Yale University), New Haven Conn, an Boston (Mass) State Hospital (Tufts University) • Sample size: 62 • Duration: 16 weeks of acute treatment, 1 year of follow up	• Eligibility: diagnosis of non-bipolar, non-psychotic acute primary MD according to SADS and RDC • Exclusion criteria: other predominant disorders, organic brain syndrome, alcohol abuse, schizophrenia, mania, non-responders to previous weekly psychotherapy • Patient characteristics: • 85% females with 44% being under 30 years old	IPT (n=13) vs. ADM (n=15) ADM: amitriptyline hydrochloride given in a flexible dosage of 100-200mg/day	Mean scores HDRS at 1 year follow up: • IPT: 4.1 (n=12) • ADM: 7.3 (n=14)	• Data at one year follow up were available for the 77% of the initially randomized patients

Abbreviations: ADM: Antidepressant Medication; BA: Behavioural Activation; BDI: Beck Depression Inventory; BT: Behavior Therapy; CIDI: Composite International Diagnostic Interview; CM: Clinical Management; CoI: Conflict of Interest; CBT: Cognitive Behavioural Therapy; DSM: Diagnostic and Statistical Manual of Mental Disorders; GP: General Practitioner; HRSD: Hamilton Rating Scale for Depression; IPT: Interpersonal Psychotherapy; LDACL: Lubin's Depression Adjective Check List; LIFE: Longitudinal Interval Follow up Evaluation; m: month; MDD: Major Depressive Disorder; MMPID: Minnesota Multiphasic Personality Inventory Depression scale; MS: Multiple Sclerosis; No: number; NP: Nondirective Psychotherapy; ns: not significant; OR: Odds Ratio; PDT: Psychodynamic Psychotherapy; RCT: Randomized Controlled Trial; RDC: Research Diagnostic Criteria; REBT: Rationale Emotive Behavior Therapy; RT: Relaxation Therapy; SADS: Schedule of Affective Disorder and Schizophrenia; SCID-CT: Structured Clinical Interview for the DSM-IV-TR; SD: Standard Deviation; SNRI: Serotonin-Noradrenaline; Reuptake Inhibitor; TAU: Treatment As Usual; w: week

Table 12 – Evidence tables maintenance treatment RCTs research question 2

Reference	Methodology	Patient characteristics	Intervention(s)	Results	Comments
Blackburn et al. 1997[63]	• RCT • Funding: Scottish Home and Health Department; CoI: none • Setting: outpatients recruited through a large teaching psychiatric hospital • Sample size: 75 • Duration: 16 weeks of acute treatment, 2 years follow up	• Eligibility: age of 18-65 years old, diagnosis of primary, no psychotic unipolar MD according to Research Diagnostic Criteria, HRSD-17≥16, the current episode of MD had to be at least the second one experience by the patient • Exclusion criteria: other primary axis I disorder, bipolar disorder, drug or alcohol abuse, not prescribed antidepressant • Patient characteristics: most of the participants were females with a mean age of : group 1 : 40.1 (SD=12.7); group 2: 37.8 (SD=13.1); group 3: 39.6 (SD=12.0)	Acute CBT, CT-M (n=27) vs. Acute ADM, ADM-M (n=26) vs. Acute ADM, CT-M (n=22) ADM: 100mg/day of amitriptyline for tricyclic; phenelzine for monoamine oxidase inhibitors: 45mg/day; fluoxetine for selective serotonin reuptake inhibitors: 20mg/day	Mean HDRS scores (SD) at 1 year follow up : • Acute CBT, CT-M: 6.5 (6.7), n=18 • Acute ADM, ADM-M 9.2 (7.1), n=17 • Acute ADM, CT-M: 9.8 (8.3), n=12 Mean HDRS scores (SD) at 2 years follow up : • Acute CBT, CT-M: 6.8 (7.3), n=9 • Acute ADM, ADM-M: 7.2 (8.3), n=5 • Acute ADM, CT-M: 11.5 (4.9), n=6 Mean BDI scores (SD) at 1 year follow up : • Acute CBT, CT-M: 12.5 (9.2), n=17 • Acute ADM, ADM-M: 20.0 (16.3), n=17 • Acute ADM, CT-M: 17.2 (13.6), n=13 Mean BDI scores (SD) at 2 years follow up : • Acute CBT, CT-M: 13.1 (8.9), n=8 • Acute ADM, ADM-M: 13.2 (11.4), n=5 • Acute ADM, CT-M: 19.0 (10.5), n=6	• A number of 20 participants remained at 24 months follow up, mainly because of the late recruitment of the majority of participants
Frank et al. 1990[37] **Note: compa**	• RCT • Funding: National Institute of Mental Health, US, CoI: none • Setting: outpatients	• Eligibility: patients 21-65 years old, having experienced ≥ 3 episodes of unipolar depression, the	IPT-M (n=26) vs. Medication clinic and ADM-M (n=28)	Recurrence (HRSD≥15; Raskin≥7) No (%) at 1 year: • IPT-M: 12/26 (46.2) • Medication clinic and ADM: 5/28 (17.9)	• Non completers No (%) at 1 year: • IPT-M: 12 (46.2)

nion with Karp et al. 2004 [87]	• Sample size: 128 • Duration: treatment session scheduled weekly for 2 weeks, then for 8 months biweekly, and then monthly; with follow up 3 years	immediate previous episode being no more than 2.5 years after the onset of the current episode, 10 weeks remission according to Research Diagnostic Criteria • Exclusion criteria: not reported • Patient characteristics: 55.7% of the patients were women married (44.3%), with mean age of 39.5 (SD=10.6) and a 13.3% having comorbid bipolar 2 disorder	ADM: imipramine with a dosage of 200mg/d, if the patient experienced side effect the dosage was decreased by 25-50mg/d	Recurrence (HRSD≥15; Raskin≥7) No (%) at 2 years: • IPT-M: 3/26 (11.5) • Medication clinic and ADM-M: 1/28 (3.6) Recurrence (HRSD≥15; Raskin≥7) No (%) at 3 years: • IPT-M: 1/26 (3.8) • Medication clinic and ADM-M: 0/28 Survivors (participants who continued in remission HRSD<15; Raskin<7) No (%) at 1 year: • IPT-M: 12/26 (46.2) • Medication clinic and ADM-M: 17/28 (60.7) Survivors (participants who continued in remission HRSD<15; Raskin<7) s No (%) at 2 years: • IPT-M: 9/26 (34.6) • Medication clinic and ADM-M: 13/28 (60.7) Survivors (participants who continued in remission HRSD<15; Raskin<7) No (%) at 3 years: • IPT-M: 8/26 (30.8) • Medication clinic and ADM-M: 13/28 (46.4)	• Medication clinic and ADM-M: 17 (60.7) • Non completers No (%) at 2 years: • IPT-M: 9 (34.6) • Medication clinic and ADM-M: 13 (46.4) • Non completers No (%) at 3 years: • IPT-M: 8 (30.8) • Medication clinic and ADM-M: 13 (46.4)

Jarrett et al. 2000 [40]	• RCT • Funding: National Institute of Mental Health US, Study medication was donated by Parker Davis; CoI: none • Setting: outpatients • Sample size: 31; 17 patients on maintenance treatment, 14 patients discontinued treatment • Duration: 8 months of continued or discontinued treatment, 18 months of follow up	• Eligibility: HRSD-21 ≤ 9, not meeting criteria for DSM-III-R MDD, completed an acute phase treatment trial, consented to the protocol • Exclusion criteria: diagnosis of MDD according to DSM-III-R MDD, HRSD-21 > 9, not completed sessions of acute treatment, refused to give consent • Patient characteristics: 83.9% of the sample were females with mean age 41.2 (SD=10.5) years, married (54.8%), employed full time (61.3%), with 74.2% having lifetime diagnosis of comorbid disorder according to DSM-III-R²	CBT-M (n=6) vs. ADM-M (n=6) ADM: phenelzine, starting in the first month with an average of 56.18 (SD=19.35) mg/day and ending in the 8th month with an average of 87.00mg/day (SD=3.61)	Relapse/recurrence (RDC) No (%) at 8m: • CBT-M: 1/6 (20) • ADM-M: 2/6 (36) Relapse (RDC) No (%) at 12m: • CBT-M: 1/6 (20) • ADM-M: 2/6 (36) Relapse (RDC) No (%) at 20m: • CBT-M: 2/6 (40) • ADM-M: 3/6 (57) Relapse (RDC) No (%) at 24m: • CBT-M: 2/6 (40) ADM-M: 3/6 (57)	• Relapse/ recurrence was defined according to the Research Diagnostic Criteria
Jarrett et al. 2013 [43] **Note: Companion with Jarrett**	• RCT • Funding: National Institute of Mental Health; CoI: reported in detail • Setting: outpatients • Sample size: 241 • Duration: 8 months of maintenance treatment, 8, 20, 32 months of follow up	• Eligibility criteria: diagnosis of MDD according DSM-IV diagnosed by SCID-I, HRSD-17≥14 • Exclusion criteria: medical disorders, concurrent DSM-IV psychiatric disorders, active suicidal risk, no response in prior treatment with CT or	CBT-M (n=86) vs. ADM-M (n=86) ADM: fluoxetine up to 40mg/d	Relapse/recurrence (DSM-IV, score>5 for 2 consecutive weeks) No (%) at 8m: • CBT-M: 16/86 (18.3) • ADM-M: 16/86 (18.0) Relapse/ recurrence (DSM-IV, score>5 for 2 consecutive weeks) No (%) at 20m: • CBT-M: 30/86 (35.0) • ADM-M: 30/86 (35.1)	• CBT-M: 16/86 participants did not complete the maintenance treatment; 23/70 participants discontinued follow up between 9-20 months • ADM-M: 24/86 participants did not complete the

et al. 2012 [88]		fluoxetine, inadequate abilities in English language, current or planned pregnancy, failure to provide informed consent • Participants characteristics: 66.2% females Caucasians (88.6%), with mean age of 42.9 (SD=11.9)		Relapse/ recurrence (DSM-IV, score>5 for 2 consecutive weeks) No (%) at 32m: • CBT-M: 37/86 (42.5) • ADM-M: 35/86 (41.1)	maintenance treatment; 18/62 participants discontinued follow up between 9-20 months
Kuyken et al. 2008 [64]	• RCT • Funding: UK Medical Research Council; CoI: none • Setting: primary care setting across urban and rural locations in Devon, England • Sample size: 123 • Duration: 8 weeks maintenance therapy, 15 months follow up	• Eligibility criteria: adults with previous episodes of depression≥3 according to DSM-IV, a therapeutic dose of m-ADM in line with the British National Formulary, partial/full remission from the latest depressive episode • Exclusion criteria: current substance dependence, organic brain damage, bipolar disorder, antisocial behaviour, persistent self-injury, inability to engage in MBCT, formal concurrent psychotherapy • Participants characteristics: 76% of the participants were females Caucasians	MBCT-M (n=61) vs. ADM-M (n-62) ADM-M: therapeutic dose in line with the British National Formulary MBCT-M: delivered with tapering/discontinuation of ADM	Relapse/ Recurrence (an episode meeting criteria of DSM-IV for MDD) No (%) at 15m: • MBCT-M: 29/61 (47) • ADM-M: 37/62 (60) Hazard ratio relapse (an episode meeting criteria of DSM-IV for MDD) MBCT-M vs. ADM-M: 0.63 (95%CI=0.39-1.04)	• 2/61 patients of MBCT-M group and 6/62 of the ADM-M group lost to follow up

		(99%), in the MCBT-M group the mean age was 48.95 (SD=10.55), and in the ADM-M group the mean age was 49.37 (SD=11.84)			
Schulberg et al. 1996 [46]	• RCT • Funding: not mentioned; CoI: none • Setting: outpatients recruited from 4 academically affiliated ambulatory health centres • Sample size: 276 • Duration: 8 months of maintenance treatment	• Eligibility: 18-64 years of age, meeting DSM-III-R criteria for current MDD, HRSD-17≥13 • Exclusion criteria: not mentioned • Patients characteristics: the majority of patients were females (approximately 83%) with a mean age ranging across the three different groups from 36.7 (SD=8.8) to 38.6 (SD=11.6)	IPT-M (n=93) vs. ADM-M (n=91) ADM: nortriptyline hydrochloride with a dosage of 190-270nmol/L	Mean BDI (SE) at 8m: • IPT-M: 9.3 (0.9) • ADM-M: 9.0 (1.0)	• 33% of participants followed ADM and 42% of those who followed IPT completed the treatment; age significantly predicted treatment adherence: completers had 42.9 years of age while non-completers had 32.9 years of age (F=20.7, df=1, p=0.001)
Segal et al. 2010 [47]	• RCT • Funding: National Institute of Mental Health, CoI: none • Setting: outpatients recruited through clinical referrals, psychiatric outreach, media announcements • Sample size: 84 • Duration: 18 months follow up	• Eligibility criteria: diagnosis of MDD according to DSM-IV criteria, HRSD-17 ≥16, previous episodes of depression ≥ 2, English speakers • Exclusion criteria: bipolar disorder, electroconvulsive therapy, depression secondary to current	MBCT-M (n=26) vs. ADM-M (n=28) ADM: citalopram hydrobromide range100-200mg/d MBCT-M was delivered with	Relapse (HRSD≥16; SCID) No (%) at 18m: • MBCT-M: 7/26 (28) • ADM-M: 7/28 (27) Hazard ratio relapse (HRSD≥16; SCID) placebo vs. active treatments: MBCT vs. placebo: 0.26 (95%CI=0.09-0.79); M-ADM vs. placebo: 0.24 (95%CI= 0.07-0.89)	• 18 patients dropped out during the maintenance therapy: 7 of M-ADM; 5 of MBCT; 6 of placebo group, 50% of dropouts occurred at the 9th month • Remission was defined as HRSD-17≤7

	mental disorder, current or planned pregnancy, current practice of meditation • Patients characteristics: 63% of patients were females, Caucasians (79%), with mean age 44 (SD=11) years	tapering/discontinuation of ADM

Abbreviations: ADM: Antidepressant Medication; BDI: Beck Depression Inventory; CoI: Conflict of Interest; CBT: Cognitive Behavioural Therapy; df: degree of freedom; DSM: Diagnostic and Statistical Manual of Mental Disorders; HRSD: Hamilton Rating Scale for Depression; IPT: Interpersonal Psychotherapy; M: Maintenance; MBCT: Mindfulness based Cognitive Therapy; MD: Major Depression; MDD: Major Depressive Disorder; RCT: Randomized Controlled Trial; SCID: Structured Clinical Interview for the DSM-IV-TR; SD: Standard Deviation

5.3. Research Question 3

Table 13– Evidence tables RCTs research question 3 combined psychotherapy and ADM (acute phase) vs. psychotherapy

Reference	Methodology	Patient characteristics	Intervention(s)	Results	Comments
Beck et al. 1985 [65]	• RCT • Funding: National Institute of Mental Health, Foundation for Cognitive Therapy Research; CoI: NR • Setting: outpatients recruited through Mood Clinic of the Centre for Cognitive Therapy • Sample size: 33 • Duration: 6 and 12 months follow up	• Eligibility: BDI≥20, HRSD≥14, depressive disorder diagnosis by Feighner's criteria • Exclusion criteria: history of schizophrenia, alcohol problems, drug addiction, bipolar affective disorder, organic brain syndrome, antisocial personality disorder, hallucinations, delusions, inpatient hospitalization, medical history of ADM • Patient characteristics: CBT group patients were mostly females (83%) with a mean age of 34.7 (SD=11) years while in CT & ADM group 60% of the patients were females with a mean age of 39.5 (SD=12) years	CBT & ADM (n=15) vs. CBT (n=18) ADM: amitriptyline hydrochloride (75mg-200mg from week 3 through 12)	Mean BDI scores (SD) at 6 m: • CBT & ADM: 12.80 (9.40), n=10 • CBT: 10.54 (10.86), n=13 Mean BDI scores (SD) at 1 year: • CBT & ADM: 7 (8.58), n=11 • CBT: 13.27 (13.06), n=11 Mean HRSD scores (SD) at 6 m: • CBT & ADM: 8.44 (3.57), n=9 • CBT: 8 (5.43), n=13 Mean HRSD scores (SD) at 1 year: • CBT & ADM: 6.45 (4.76), n=10 • CBT: 9 (7.40), n=11	• 22.2% of the patients receiving CBT and 26.7% of the patients receiving CBT & ADM dropped out before completion of the follow up
Blackburn et al. 1986 **Note: Compani**	• RCT • Funding: NR; CoI: NR • Setting: outpatients recruited from hospitals and general practice	• Eligibility criteria: adults with MDD according to RDC, BDI≥14	CBT & ADM (n=16) vs. CBT (n=15)	Relapse (HRSD≥8; BDI≥9) n (%) at 2 years: • CBT & ADM: 3/16 (21) • CBT: 3/15 (23)	• 2 responders (BDI<8; HRSD<9 at the end of acute treatment) of CBT group and 2 of the

on with Blackburn et al. 1981 [89]	clinic services in Edinburgh • Sample size: 25 • Duration: 15 weeks of acute treatment, 2 years of follow up	• Exclusion criteria: other psychiatric disorders such as schizophrenia, panic disorder, alcohol problems • Patients characteristics: the CBT group consisted of 12/15 females with mean age of 39.2 (SD=12.2), while the ADM group consisted of 9/10 females with mean age 47.9 (SD=10.0)	ADM: amitriptyline or clomipramine with a dosage of 150mg/d		responders from the ADM group lost to follow up
De Jonghe et al. 2004 [66] **Note: companion with Koppers et al. 2011** [93]	• RCT • Funding: Educational Grand from Wyeth Netherland, CoI: none • Setting: outpatients recruited through Metrum Mental Health Organization clinic in Amsterdam • Sample size: 191 • Duration: 6 months and 5 years post-randomization	• Eligibility: age 18-65 years, MDD with or without dysthymia according to DSM-IV, HRSD=12-24 • Exclusion criteria: psycho-organic disorder, drugs misuse, psychotropic disorder, dissociative disorder, communicative problem, physical restrictions, adequate previous treatment with ADM, psychotropic medication, pregnancy or plans for getting pregnant, sever illness or severe suicidal risk • Patient characteristics: the majority of the	PDST & ADM (n=101) vs. PDST (n=107) ADM: nortriptyline, SSRI	Remission (HRSD≤7), n (%) at 1 year: • PDST & ADM: 36/85 (42.4) • PDST: 34/106 (32.1) Recurrence (CIDI), n (%) at 5 years: • PDST & ADM: 11/25 (52.4) • PDST: 10/27 (47.6)	• 85/101 participants in the PDST & ADM and 106/107 participants in the PDST group received the 6 months interventions

		included participants were females (67%) with a mean age of 35.5 (SD=10.7) years			
Hollon et al. 1992 [67] **Note: companion with Evans et al. 1992** [54]	• RCT • Funding: National Institute for Mental Health and grants of Ramsey Foundation; CoI: none • Setting: outpatients recruited from psychiatric treatment facilities • Sample size: 107 at randomization; 44 at follow up • Duration: 3 weeks of acute treatment, 2 years follow up	• Eligibility criteria: adults meeting RDC for unipolar MDD • Exclusion criteria: bipolar affective disorder, schizophrenia, organic brain syndrome, somatization disorder, antisocial personality, schizotypal features, alcoholism, drug use disorder or RDC anxiety related disorders • Patient characteristics: the majority of participants were females (80%) and Caucasian (71%) with a mean age of 32.6 (SD=10.8) years	CBT & ADM (n=13) vs. CBT (n=10) ADM: imipramine hydrochloride starting with 75 mg/day and increasing gradually throughout the treatment. Pharmacotherapy was accompanied by one weekly session of pharmacotherapy management with a psychiatrist	Relapse (two consecutive BDI≥16 scores, single BDI≥16 score), n (%) at 2 years: • CBT & ADM: 2/13 (6) • CBT: 2/10 (3) Return to treatment for depression (to any kind of treatment), n (%) at 2 years: • CBT & ADM: 1/13 (4) • CBT: 1/10 (3) Survive, no relapse/ return to treatment for depression (no relapse/ return to any kind of treatment), n (%) at 2 years: • CBT & ADM: 10/13 (6) • CBT: 7/10 (5)	• 43/64 participants dropped out before acute treatment completion
Mynors-Wallis et al. 2000 [60]	• RCT • Funding: Medical Research Council; CoI: none • Setting: outpatients recruited through 24 general practitioners' lists in Oxfordshire from 5/1994 until 9/1994. • Sample size: 151	• Eligibility: aged 18-65 years with diagnosis of depressive disorder according to RDC, HRSD-17≥13, 4 weeks minimum duration of the disorder • Exclusion criteria: other psychiatric disorders, concurrent treatment	PS & ADM (n=35) PS with GP (n=39) vs. PS with nurse (n=41) ADM: fluvoxamine with dosage of 100mg/day or paroxetine with initial dosage of 20mg/day	Recovery (HRSD-17≤7) at 52 w, n (%): • PS & ADM:23/35 (66) • PS (GP): 24/39 (62) • PS (nurse): 23/41 (56) Partially recovered (HRSD-17=8-12) at 52 w, n (%): • PS & ADM: 5/35 (14)	• 116/151 participants randomized to the four conditions completed the full course of treatment

	• Duration: 12 weeks of acute treatment, 52 weeks of follow up	with ADM, brain damage, learning disabilities, schizophrenia, drug dependency, recent alcohol abuse, physical illness, inconsistent with research protocol clinical status, psychotic features, severe suicidal risk • Patient characteristics: 116 women with mean age of 35 years (range: 19-62) with 51 participants having over 6 months duration of depression		• PS (GP): 6/39 (15) • PS (nurse): 8/41 (20) Not recovered (HRSD-17 ≥ 13) at 52 w, n (%): • PS & ADM: 7/35 (21) • PS (GP): 9/39 (23) • PS (nurse): 10/41 (24)	
Simons et al. 1986 [62] **Note: companion with DiMascio et al. 1979** [86]	• RCT • Funding: NR; CoI: none • Setting: first time as well as former patients (returning after relapse) recruited from the Washington University Out-Patient Psychiatric Clinic, St Louis • Sample size: 70 • Duration: 12 weeks of acute treatment, 1 year follow up	• Eligibility: aged 18-60 years, meeting diagnosis for primary affective disorder according to the NIMD – Interview Schedule, HRSD-17 ≥14, BDI≥20 • Exclusion criteria: need for hospitalization, current psychotropic medication, refusing random assignment • Patient characteristics: NR	CBT & ADM (n=18) vs. CBT (n=19) ADM: nortriptyline with a flexible dose of 100-200 mg/d	Response (BDI<10) at 1 year: • CBT & ADM: 14/18 (78) • CBT: 7/19 (53) Relapse (BDI scores≥16) at 1 year: • CBT & ADM: 2/18 (11) • CBT: 0/19 (0) Stay well (10>BDI score<16) at 1 year: • CBT & ADM: 8/18 (57) CBT: 8/19 (42)	• Data from 91% of the randomized patients were available at 6 months follow up, while 1 year follow was completed by the 89% of the randomized participants

Weissman et al. 1981 [27] **Note: companion paper with diMascio 1979** [86]	• RCT • Funding Clinical Research Branch, National Institute of Mental Health; CoI: none • Setting: outpatients recruited from the Connecticut Mental Health Centre (Yale University), New Haven Conn, an Boston (Mass) State Hospital (Tufts University) • Sample size: 62 • Duration: 16 weeks of acute treatment, 1 year of follow up	• Eligibility: diagnosis of non-bipolar, non-psychotic acute primary MD according to SADS and RDC • Exclusion criteria: other predominant disorders, organic brain syndrome, alcohol abuse, schizophrenia, mania, non-responders to previous weekly psychotherapy • Patient characteristics: • 85% females with 44% being under 30 years old	IPT & ADM (n=18) vs. IPT (n=13) ADM: amitriptyline hydrochloride given in a flexible dosage of 100-200mg/day	Mean scores HDRS at 1 year: • IPT & ADM: 1.5 (n=18) • IPT: 4.1 (n=12) Adverse events, rehospitalisation at 1 year : • IPT & ADM: 0/18 • IPT: 1/13	• Data at one year follow up were available for the 77% of the initially randomized patients

Abbreviations: ADM: Antidepressant Medication; BDI: Beck Depression Inventory; BDT: Brief Psychodynamic Therapy; BOSC: Brown Obsessive Compulsive Scale; CIDI: Composite International Diagnostic Interview; CoI: Conflict of Interest; CBT: Cognitive Behavioural Therapy; DSM: Diagnostic and Statistical Manual of Mental Disorders; GR: General Practitioners; HRSD: Hamilton Rating Scale for Depression; IPT: Interpersonal Psychotherapy; m: months; MDD: Major Depressive Disorder; n: number; NR: Not Reported; PDST: Psychodynamic Supportive Therapy; PS: Problem Solving; RCT: Randomized Controlled Trial; RDC: Research Diagnostic Criteria; SD: Standard Deviation; SSRI: selective Serotonin Reuptake Inhibitor; w: week

Table 14 – Evidence tables acute phase combined PT and ADM vs. ADM RCTs research question 3

Reference	Methodology	Patient characteristics	Intervention(s)	Results	Comments
Bellino et al. 2006 [68]	• RCT • Funding: no funding; CoI: NR • Setting: patients were recruited through the service for personality disorder of the unit of psychiatry; CoI: NR • Sample size: 39 • Duration: 6 months follow up	• Eligibility: MDD according to SCID, DSM-IV-TR diagnosis for BPD, • Exclusion criteria: delirium, dementia, amnesic or other cognitive disorders and patients whose MDE was an expression of bipolar disorder, substance abuse disorder, psychotropic drugs, psychotherapy during the previous 2 months • Patient characteristics: mostly females with a ratio 3 to 5 and a mean age of 26.4 (SD=3.7) years	IPT & ADM (n=20) vs. ADM (n=19) ADM: fluoxetine 20-40mg/day, increased to 40mg/day at week 2	Mean HRSD scores (SD) at 6 m: • IPT & ADM: 9.1 (3), n=20 • ADM: 12 (3.3), n=19 Mean SAT-P (psychosocial functioning) scores (SD) at 6 m: • IPT & ADM: 69 (11.7), n=20 • ADM: 57.2 (14.7), n=19 Mean SAT-P (physical functioning) scores (SD) at 6 m: • IPT & ADM: 59.5 (16.7), n=20 • ADM: 62.8 (11.9), n=19 Mean SAT-P (work) scores (SD) at 6 m • IPT & ADM: 56 (31.2), n=20 • ADM: 54.4 (14.6), n=19 Mean SAT-P (sleep, food and free time) scores (SD) at 6 m • IPT & ADM: 56.4 (20.7), n=20 • ADM: 64.5 (14.9), n=19 Mean SAT-P (social functioning) scores (SD) at 6 m	• No additional comments

				• IPT & ADM: 68.5 (12.5), n=20 • ADM: 51.7 (10.9), n=19	
Blackburn et al. 1986[50] **Note: Companion with Blackburn et al. 1981[89]**	• RCT • Funding: NR; CoI: NR • Setting: outpatients recruited from hospitals and general practice clinic services in Edinburgh • Sample size: 25 • Duration: 15 weeks of acute treatment, 2 years of follow up	• Eligibility criteria: adults with MDD according to RDC, BDI≥14 • Exclusion criteria: other psychiatric disorders such as schizophrenia, panic disorder, alcohol problems • Patients characteristics: the CBT group consisted of 12/15 females with mean age of 39.2 (SD=12.2), while the ADM group consisted of 9/10 females with mean age 47.9 (SD=10.0)	CBT & ADM (n=16) vs. ADM (n=10) ADM: amitriptyline or clomipramine with a dosage of 150mg/d	Relapse (HRSD≥8; BDI≥9) n (%) at 2 years: • CBT & ADM: 3/16 (21) • ADM: 9/10 (78)	• No additional comments
De Jonghe et al. 2001[69]	• RCT • Setting: outpatients recruited through the Psychiatrisch Ziekenhuis Amsterdam; CoI: NR • Sample: 129 • Duration: 6 months follow up	• Eligibility: 18-60 years of age, MDD according to DSM-III-R, HRSD≥14, informed consent • Exclusion criteria: psycho-organic disorder, drug abuse, psychotic disorder, dissociative disorder, not enough reliable to participate in a clinical trial, serious communicative problem, adequate treatment with ADM for the present MDE, psychotropic medication, severe illness or severe suicidal ideation • Patients characteristics: the majority of the patients were	PDST & ADM (n=83) vs. ADM (n=84) ADM: nortriptyline, SSRI	Mean HRSD scores (SD) at 6 m: • PDST & ADM: 12.13 (7.55), n=83 • ADM: 15.62 (7.91), n=84 Mean QLDS scores (SD) at 6 m: • PDST & ADM: 25.44 (7.59), n=80 • ADM: 19.58 (9.29), n=81	• From the initially randomized participants: 27 in ADM group and 11 in PDST & ADM refused the proposed treatment • 40% of patients in the ADM group and 22% of the patients in the PDST & ADM group dropped out before the completion of 6 months follow up

		female (62%) with 73% being younger than 40 years (mean age 34 years, range: 20-60)			
Hollon et al. 1992[67] Note: companion with Evans et al. 1992[67]	• RCT • Funding: National Institute for Mental Health and grants of Ramsey Foundation; CoI: none • Setting: outpatients recruited from psychiatric treatment facilities • Sample size: 107 at randomization; 44 at follow up • Duration: 3 weeks of acute treatment, 2 years follow up	• Eligibility criteria: adults meeting RDC for unipolar MDD • Exclusion criteria: bipolar affective disorder, schizophrenia, organic brain syndrome, somatization disorder, antisocial personality, schizotypal features, alcoholism, drug use disorder or RDC anxiety related disorders • Patient characteristics: the majority of participants were female (80%) and Caucasian (71%) with a mean age of 32.6 (SD=10.8) years	CBT & ADM (n=10) vs. ADM (n=10) ADM: imipramine hydrochloride starting with 75 mg/day and increasing gradually throughout the treatment. Pharmacotherapy was accompanied by one weekly session of pharmacotherapy management with a psychiatrist	Relapse (two consecutive BDI≥16 scores, single BDI≥16 score), n (%) at 2 years: • CBT & ADM: 2/13 (6) • ADM: 5/10 (7) Return to treatment for depression (to any kind of treatment), n (%) at 2 years: • CBT & ADM: 1/13 (4) • ADM: 3/10 (4) Survive, no relapse/ return to treatment for depression (no relapse/ return to any kind of treatment), n (%) at 2 years: • CBT & ADM: 10/13 (6) • ADM: 2/10 (1)	• 43/64 participants dropped out before acute treatment completion
Macaskill et al. 1996[70]	• RCT • Funding: NR; CoI: NR • Setting: outpatients recruited through Southwest Sector of Sheffield • Sample size: 20	• Eligibility: MDD according to DSM-III-R, BDI≥20, HRDS≥14, DAS≥155 • Exclusion criteria: epilepsy, organic brain disease, schizophrenia, bipolar disorder, antisocial personality disorder	RET & ADM (n=10) vs. ADM (n=10)	Mean HRSD scores (SD) at 6 m: • RET & ADM: 6.7 (7.04), n=10 • ADM: 20.10 (9.51), n=10 Mean BDI scores (SD) at 6 m:	• The overall dropout rate in the study was 5%

	• Duration: 6 months post-randomization	• Participants characteristics: the majority of the participants were female (14/20) with a mean age of 37 (SD=12.4) years in the ADM group and 39.3 (SD=7.1) years in the RET & ADM group	ADM: lofepramine with a dosage of 35-280mg/day	• RET & ADM: 13.7 (10.7), n=10 • ADM: 26.7 (12.1), n=10	
Maina et al. 2009[72]	• RCT • Funding: NR; CoI: NR • Setting: patients were recruited through the Mood and Anxiety Disorders Unit, Department of Neuroscience, University Turin, Italy • Sample size: 148 • Duration: 6 and 48 months post randomization	• Eligibility: MDD (DSM-IV-TR), HRSD≥15, presence of a focal problem/life event, 18–65 years of age, written informed consent • Exclusion criteria: mental retardation, lifetime history of organic mental disorders, psychotic disorders or bipolar disorders, severe axis II psychopathology (cluster A personality disorders, antisocial personality disorder and borderline personality disorder according to DSM-IV- TR), concomitant severe or unstable or active neurological or physical diseases, substance and drug abuse, any contraindication for one of the anti- depressants prescribed by the pharmacotherapy protocol, previous adequate treatment by ADM, psychotropic medication, pregnancy or	BDT & ADM (n=83) vs. ADM (n=65) ADM: paroxetine 20 mg/day	Remission (HRSD≤7), n (%) at 6 m: • BDT & ADM: 41/65 (41.64) • ADM: 51/83 (51.61) Remission (HRSD≤7), n (%) at 48 m: • BDT & ADM: 19/41 (46.9) • ADM: 14/51 (27.5)	• Only treatment remitters followed at 48 months post-randomization

		risk of pregnancy, suicidal risk • Patients characteristics: 56/92 patients were females, with mean age 36 (SD=11.6) years in BDT & ADM group and 35.6 (SD=10.7) in ADM group			
Maina et al. 2010[72]	• RCT • Funding: NR; CoI: NR • Setting: patients were recruited through the Mood and Anxiety Disorders Unit, Department of Neuroscience, University Turin, Italy and also through self referrals (via information received from other patients) • Sample size: 57 • Duration: 1 year post randomization	• Eligibility: adults with diagnosis of MDD based on DSM-IV criteria, obsessive compulsive disorder, Y-BOCS≥16, HRSD≥15, acceptance of psychotherapeutic approach, presence of a focal problem and/or a recent precipitating life event • Exclusion criteria: bipolar disorder, schizophrenia, psychotic disorders, mental retardation, organic brain syndrome, medical illness, ongoing psychological treatment • Participants characteristics: mostly females (30/57) with a mean age of 30.32 (SD=7.3) years in BDT & ADM and 32.59 (SD=7.6) years in ADM group	BDT & ADM (n=25) vs. ADM (n=29) ADM: fluvoxamine 100-200 mg/day	Remission (HRSD≤7) n (%) at 1 year: • BDT & ADM: 1/25 (4) • ADM: 0/29 (0) Success (CGI:1-2) n (%) at 1 year: • BDT & ADM: 8/25 (32) • ADM: 6/29 (20.7)	• 27/30 participants in the BDT & ADM group and 23/27 in the BDT group completed the 12 months follow up assessment
Miller et al. 1989[73]	• RCT • Funding: Biomedical Research Support Grant; CoI: NR	• Eligibility: diagnosis of MDD, BDI≥17, 18-65 years of age • Exclusion criteria: bipolar disorder, alcohol or	CBT & ADM (n=28) vs.	<u>Inpatients</u> Mean HRSD scores (SD) at 6 m:	• 22/28 patients in the CBT & ADM group and 9/17 patients in the

	• Setting: inpatients recruited through a private psychiatric hospital • Sample size: 45 • Duration: 6 and 12 months follow up	substance misuse, schizophrenia, somatization disorder, antisocial personality disorder, organic brain syndrome, medical illness, recent use of ADM • Participants characteristics: 34/45 participants were females with a mean age of 35.5 years in CBT & ADM group and 37.4 years in ADM group	ADM (n=17) ADM: amitriptyline or desipramine 150mg/day	• CBT & ADM: 8.2 (7.8), n=22 • ADM: 9.6 (9), n=9 Mean BDI scores (SD) at 6 m: • CBT & ADM: 8 (7.8), n=22 • ADM: 8.5 (8.5), n=9 Mean HRSD scores (SD) at 12 m: • CBT & ADM: 6.6 (6.2), n=22 • ADM: 9.7 (12.3), n=9 Mean BDI scores (SD) at 12 m: • CBT & ADM: 4.6 (4.3), n=22 • ADM: 12 (12.8), n=9 Relapse (BDI≥16; HRSD≥17), n (%) at 12 m: • CBT & ADM: 4/20 (20) • ADM: 3/6 (50) Remission (HRDS≤7; BDI≤9), n (%) at 12 m: • CBT & ADM: 15/22 (68) • ADM: 3/9 (33) Side effects, rehospitalisation, n (%) at 12 m: • CBT & ADM: 3/22 (14) • ADM: 2/9 (22) Side effects, substantial suicidal ideation, n (%) at 12 m • CBT & ADM: 6/22 (27) • ADM: 2/9 (22)	ADM group completed the 12 months follow up assessment
Mynors-Wallis et al. 2000[60]	• RCT	• Eligibility: aged 18-65 years with diagnosis of depressive disorder according to RDC,	PS & ADM (n=35) vs.	Recovery (HRSD-17≤7) at 52 w, n (%): • PS & ADM:23/35 (66)	• 116/151 participants randomized to the

	• Funding: Medical Research Council; CoI: none • Setting: outpatients recruited through 24 general practitioners' lists in Oxfordshire from 5/1994 until 9/1994. • Sample size: 151 • Duration: 12 weeks of acute treatment, 52 weeks of follow up	HRSD-17≥13, 4 weeks minimum duration of the disorder • Exclusion criteria: other psychiatric disorders, concurrent treatment with ADM, brain damage, learning disabilities, schizophrenia, drug dependency, recent alcohol abuse, physical illness, inconsistent with research protocol clinical status, psychotic features, severe suicidal risk • Patient characteristics: 116 women with a mean age of 35 years (range: 19-62 years) with 51 participants having over 6 months duration of depression	ADM (n=36) ADM: fluvoxamine 100mg/day or paroxetine with an initial dosage of 20mg/day	• ADM: 20/36 (54) Partially recovered (HRSD-17=8-12) at 52 w, n (%): • PS & ADM: 5/35 (14) • ADM: 9/36 (25) Not recovered (HRSD-17 ≥ 13) at 52 w, n (%): • PS & ADM: 7/35 (21) • ADM: 7/36 (19)	four conditions completed the full course of treatment
Schramm et al. 2007[74] **Companion with Zobel et al. 2011[94]**	• RCT • Funding: grant from German Research Society; CoI: NR • Setting: patients referred to the study for acute hospitalization by primary care physicians or psychiatrists • Sample size: 130 • Duration: 12 months follow up	• Eligibility: primary diagnosis of MDD (SCID), HRSD≥16 • Exclusion criteria: concurrent bipolar disorder, primary substance abuse or dependency, psychotic symptoms, other primary axis I disorder, organic mental disorder, sever cognitive impairment, contraindications to study medication, being actively suicidal	IPT & ADM (n=65) vs. ADM (n=65) ADM: sertraline with a mean dosage of 90.2 (SD=43.9) mg/day or amitriptyline with a mean dosage of 175.43	<u>Depressed inpatients</u> Relapse of responders to acute treatment (HRSD≥15, psychiatric status ratings score of ≥5), n (%) at 12 m: • IPT & ADM: 5/38 (13) • ADM: 8/27 (29) Sustained response (50% of symptoms reduction on HRSD, no suicide attempts, no rehospitalisation) n (%) at 12 m: • IPT & ADM: 33/48 (69) • ADM: 17/47 (36)	• Data during the follow up phase were collected on 92.4% of the 105 completers at the post treatment assessment

		• Participants characteristics: 81/130 patients were females with a mean age ranging from, 40-41 years	(SD=66.9) mg/day	Recovery (HRSD≤7), n (%) at 12 m: • IPT & ADM: 18/52 (35) • ADM: 10/50 (20) Zobel et al. 2011 ´No significant differences between the treatment groups regarding the use of post-hospital, pharmacotherapy or psychotherapy, diagnosis, rehospitalization, or suicide attempts´ (actual data not reported)	
Simons et al. 1986[62] **Note: companion with DiMascio et al. 1979[86]**	• RCT • Funding: NR; CoI: none • Setting: first time as well as former patients (returning after relapse) recruited from the Washington University Out-Patient Psychiatric Clinic, St Louis • Sample size: 70 • Duration: 12 weeks of acute treatment, 1 year follow up	• Eligibility: aged 18-60 years, meeting diagnosis for primary affective disorder according to the NIMD – Interview Schedule, HRSD-17 ≥14, BDI≥20 • Exclusion criteria: need for hospitalization, current psychotropic medication, refusing of random assignment • Patient characteristics: NR	CBT & ADM (n=28) vs. ADM (n=16) ADM: nortriptyline with a flexible dose of 100-200 mg/d	Response (BDI<10) at 1 year: • CBT & ADM: 2/13 (6) • ADM: 7/16 Relapse (BDI scores≥16) at 1 year: • CBT & ADM: 2/18 (11) • ADM: 4/16 Stay well (10>BDI score<16) at 1 year: • CBT & ADM: 8/18 (57) • ADM: 2/16	• Data from 91% of the randomized patients were available at 6 months follow up, while 1 year follow up was completed by 89% • Non-responders were patients with a BDI score≥10; responders were patients with BDI score<10; relapse and recurrence was defined as BDI scores≥16
Sirey et al. 2005 [75]	• RCT • Funding: National Alliance for Research in Schizophrenia and	• Eligibility: MDD (SCID), HRSD≥17 • Exclusion criteria: cognitive impairment (MMHE), other ADM therapy	CBT & ADM (n=21) vs. ADM (n=24)	Response (HRSD≤10) n (%) at 6 m: • CBT & ADM: 15/21 (71) • ADM: 10/24 (42)	• No comments

	Affective Disorders, NIMH; CoI: NR • Setting: participants were recruited through an outpatients geriatric clinic • Sample size: 45 • Duration: 6 months post randomization	• Participants characteristics: 54% of the patients were females, mostly Caucasians, with a mean age of 73.2 (SD=5.8) years	ADM: NR		
Weissman et al. 1981[27] Note: Companion paper with diMascio 1979 [95]	• RCT • Funding Clinical Research Branch, National Institute of Mental Health; CoI: none • Setting: outpatients recruited from the Connecticut Mental Health Centre (Yale University), New Haven Conn, and Boston (Mass) State Hospital (Tufts University) • Sample size: 62 • Duration: 16 weeks of acute treatment, 1 year of follow up	• Eligibility: diagnosis of non-bipolar, non-psychotic acute primary MD according to SADS and RDC • Exclusion criteria: other predominant disorders, organic brain syndrome, alcohol abuse, schizophrenia, mania, non-responders to previous weekly psychotherapy • Patient characteristics: • 85% females with 44% being under 30 years old	IPT & ADM (n=18) vs. ADM (n=15) ADM: amitriptyline hydrochloride given in a flexible dose of 100-200mg/day	Mean scores HDRS at 1 year follow up: • IPT & ADM: 1.5 (n=18) • ADM: 7.3 (n=14) Adverse events, rehospitalisation at 1 year : • IPT & ADM: 0/18 • ADM: 2/15	• Data at one year follow up were available for the 77% of the initially randomized patients

Abbreviations: ADM: Antidepressant Medication; BDI: Beck Depression Inventory; BPD: Borderline Personality Disorder; CoI: Conflict of Interest; CBT: Cognitive Behavioural Therapy; DBT: Dialectical Behavioural Therapy; DSM: Diagnostic and Statistical Manual of Mental Disorders; ECT: Electroconvulsive Therapy; HRSD: Hamilton Rating Scale for Depression; IPT: Interpersonal Psychotherapy; m: months; MDD: Major Depressive Disorder; MDE: Major Depressive Episode; n: number; NR: Not Reported; PDST: Psychodynamic Supportive Therapy; PS: Problem Solving; QLDS: Quality of Life in Depression Scale; RCT: Randomized Controlled Trial; RDC: Research Diagnostic Criteria; RET: Rationale Emotive Therapy; SAT-P: Satisfaction Profile; SD: standard deviation; SCID: Structural Clinical Interview of DSM-IV disorders; SD: Standard Deviation; w: weeks

Table 15 – Evidence tables RQ 3 maintenance phase combined PT and ADM vs. maintenance psychotherapy

Reference	Methodology	Patient characteristics	Intervention(s)	Results	Comments
Frank et al. 1990[37] **Note: companion with Karp et al. 2004**[87]	• RCT • Funding: National Institute of Mental Health, US; CoI: none • Setting: outpatients • Sample size: 128 • Duration: treatment sessions scheduled weekly for 2 weeks, then for 8 months biweekly, and then monthly; with follow up 3 years	• Eligibility: patients 21-65 years old, having experienced ≥ 3 episodes of unipolar depression, the immediate previous episode being no more than 2.5 years after the onset of the current episode, 10 weeks remission according to RDC • Exclusion criteria: NR • Patient characteristics: 55.7% of the patients were married women (44.3%), with a mean age of 39.5 (SD=10.6) years and 13.3% having comorbid bipolar 2 disorder	IPT & ADM (n=25) vs PT-M (n=26) ADM: imipramine (dosage NR)	Recurrence (HRSD≥15; Raskin≥7), n (%) at 1 year: • IPT & ADM: 2/25 (8) • IPT-M: 12/26 (46.2) Recurrence (HRSD≥15; Raskin≥7), n (%) at 2 years: • IPT & ADM: 3/25 (12) • IPT: 3/26 (11.5) Recurrence (HRSD≥15; Raskin≥7), n (%) at 3 years: • IPT & ADM: 1/25 (4) • IPT: 1/26 (3.8) Survivors (participants who continued in remission HRSD<15; Raskin<7), n (%) at 1 year: • IPT & ADM: 21/25 (84) • IPT: 12/26 (46.2) Survivors (participants who continued in remission HRSD<15; Raskin<7), n (%) at 2 years: • IPT & ADM: 16/25 (64) • IPT: 9/26 (34.6)	• Non completers, n (%) at 1 year: • IPT & ADM: 2/25 (8) • IPT: 12 (46.2) • Non completers, n (%) at 2 years: • IPT & ADM: 2/25 (8) • IPT: 9 (34.6) • Non completers, n (%) at 3 years: • IPT & ADM: 0/25 (0) • IPT: 8 (30.8)

		Survivors (participants who continued in remission HRSD<15; Raskin<7), n (%) at 3 years: • IPT & ADM: 15/25 (60) • IPT: 8/26 (30.8)	

Abbreviations: ADM: Antidepressant Medication; CoI: Conflict of Interest; HRSD: Hamilton Rating Scale for Depression; IPT: Interpersonal Psychotherapy; n: number; RCD: Research Diagnostic Criteria; RCT: Randomized Controlled Trial; SD: standard deviation; US: United States

Table 16 – Evidence tables RQ3 maintenance phase combined psychotherapy and ADM vs. maintenance ADM

Reference	Methodology	Patient characteristics	Intervention(s)	Results	Comments

Frank et al. 1990 [37]
 	
Note: companion with Karp et al. 2004 [87]
	• RCT
	• Funding: National Institute of Mental Health, US; CoI: none
	• Setting: outpatients
	• Sample size: 128
	• Duration: treatment session scheduled weekly for 2 weeks, then for 8 months biweekly, and then monthly; with follow up 3 years
		• Eligibility: patients 21-65 years old, having experienced ≥ 3 episodes of unipolar depression, the immediate previous episode being no more than 2.5 years after the onset of the current episode, 10 weeks remission according to RDC
		• Exclusion criteria: not reported
		• Patient characteristics: 55.7% of patients were married women (44.3%), with a mean age of 39.5 (SD=10.6) years and 13.3% having comorbid bipolar 2 disorder
			IPT & ADM (n=25)
			vs.
			ADM & MC (n=28)
				Recurrence (HRSD≥15; Raskin≥7), n (%) at 1 year:
				• IPT & ADM: 2/25 (8)
				• MC + ADM: 5/28(17.9)
				
				Recurrence (HRSD≥15; Raskin≥7), n (%) at 2 years:
				• IPT & ADM: 3/25 (12)
				• MC & ADM: 1/28 (3.6)
				Recurrence (HRSD≥15; Raskin≥7), n (%) at 3 years:
				• IPT & ADM: 1/25 (4)
				• MC & ADM: 0/28 (0)
				Survivors (participants who continued in remission HRSD<15; Raskin<7), n (%) at 1 year:
				• IPT & ADM: 21/25 (84)
				• MC & ADM: 17/28 (60.4)
				Survivors (participants who continued in remission HRSD<15; Raskin<7), n (%) at 2 years:
				• IPT & ADM: 16/25 (64)
				• MC & ADM: 13/28 (46.4)
				Survivors (participants who continued in remission HRSD<15; Raskin<7), n (%) at 3 years:
				• IPT & ADM: 15/25 (60)
					• Non completers, n (%) at 1 year:
					  • IPT & ADM: 2/25 (8)
					  • MC & ADM: 6/28 (21.4)
					• Non completers, n (%) at 2 years:
					  • IPT & ADM: 2/25 (8)
					  • MC & ADM: 3/28 (10.7)
					• Non completers, n (%) at 3 years:
					  • IPT & ADM: 0/25 (0)
					  • MC & ADM 0/28 (0)

				• MC + Placebo: 13/28 (46.4)	
Hersen et al. 1984[76]	• RCT • Funding: NIMH; CoI: NR • Setting: patients were recruited through newspapers/radio advertisement or were referred to the study • Sample size: 81 • Duration: 12 weeks acute phase therapy, 6 months maintenance therapy	• Eligibility: initially recruited for acute phase participants met DSM-III criteria for MDD, REDS≥7, responders to acute phase treatment entered the maintenance therapy • Exclusion criteria: bipolar disorder, personal history of hypomanic episode • Patient characteristics: women ranged in age from 21-60 years (mean 30.4 years)	SS & ADM (n=21) vs. ADM (n=14) ADM : amitriptyline with a dosage of 50-300mg/day (mean=163 mg/day)	Mean scores BDI (SD) at 6 m: • SS & ADM: 8.18 (13.55) • ADM: 7.83 (12.78) Mean scores HRSD (SD) at 6 m: • SS & ADM: 8.68 (10.42) • ADM: 7.66 (9.40) Mean scores REDS (SD) at 6 m: • SS & ADM: 4.75 (2.49) • ADM: 4.66 (2.67)	• Completion rates at 6 months maintenance treatment were 84% for SS & ADM group and 76% for ADM
Reynolds et al. 1999 [79]	• RCT • Funding: NIMH grants; CoI: NR • Setting: NR • Sample size: 116 • Duration: 12 months follow up	• Eligibility: 60 years of age or older, nonpsychotic nonbipolar MDD, HRSD≥17 • Exclusion criteria: unstable medical condition, contraindications to nortriptyline, MMSE≥27 • Patient characteristics: 71% of the participants were female; Caucasians (96%) with a mean age of 66.8 (SD=4.7) years	IPT & ADM (n=18) vs. ADM (n=18) ADM: paroxetine 80-120 ng/ml per day	Remission (DSM-IV) n (%) at 12m: • IPT & ADM: 11/16 (69) • ADM: 14/25 (56)	• No comments

Paykel et al. 1999[77]	• RCT • Funding: Medical Research Council, London, England; CoI: none • Setting: patients were recruited from an outpatient psychiatric clinic • Sample size: 158 • Duration: 44 and 68 weeks follow up	• Eligibility: age 21-65 years, MDD according to DSM-III-R within the last 18 months but not in the last 2 months, and who had residual symptoms reaching at least 8 on HRSD and 9 on BDI, with residual symptoms lasting from 6 to 12 months • Exclusion criteria: bipolar disorder, cyclothymia, schizoaffective disorder, drug or alcohol dependence, sever antisocial behaviour, repeated self harm, borderline personality disorder, dysthymia, organic brain damage or any other Axis I disorder, patients who had previously received CBT for more than 5 sessions • Patients characteristics: 78/158 patients were female with a mean age of 43.2 (SD=11.2) in the ADM group and 43.5 (SD=9.8) years in the CBT & ADM group	CBT & ADM (n=80) vs. ADM (n=78) ADM: 125mg amitriptyline per day	MDD and persistent symptoms (DSM-III-R) n (%) at 44 weeks: • CBT & ADM: 24/80 (30) • ADM: 40/78 (51) MDD alone (DSM-III-R) n (%) at 44 weeks: • CBT & ADM: 19/80 (24) • ADM: 31/78 (40) MDD and persistent symptoms (DSM-III-R) n (%) at 68 weeks: • CBT & ADM: 29/80 (36) • ADM: 47/78 (60) MDD and persistent symptoms (DSM-III-R) n (%) at 68 weeks: • CBT & ADM: 22/80 (27.5) • ADM: 36/78 (46)	• 66/78 patients in the ADM group and 61/80 patients in the CBT & ADM group completed the 44 weeks follow up assessment
Perlis et al. 2002 [78]	• RCT • Funding: grant from Elli Lilly and Co; CoI: NR • Setting: NR • Sample size: 132 • Duration: 28 weeks maintenance therapy	• Eligibility: patients who achieved remission (HRSD≤7) following a 28 week fluoxetine treatment for MDD and had at least 3 or more MDE with the prior episode no more than 2.5 years before the onset of the previous episode • Exclusion criteria: failure to respond to fluoxetine	CBT & ADM (n=66) vs. ADM (n=66) ADM : fluoxetine 40mg /day	Relapse (HRSD≥15) n (%) at 28 w: • CBT & ADM: 4/66 (6) • ADM: 5/66 (8)	• 35.6% of the participants did not complete the 28 week continuation phase

		• Patient characteristics: 55% of the patients were females with a mean age of 39.8 (SD=10.6) years			
Reynolds et al. 2006 [80] Note: Companion with Dombrovski et al. 2007 [96]	• RCT • Funding: NIMH; CoI: reported on details • Setting: participants were recruited through a university based clinic for treatment of depression in elderly patients • Sample size: 116 • Duration: 16 weeks of short treatment, 2 years maintenance therapy programme	• Eligibility: initially recruited participants for short treatment met criteria for MDD (DSM-IV), MMSE≥17, partially or full recovered individuals from the 16 weeks treatment entered the 2 years maintenance therapy programme • Exclusion criteria: NR • Patient characteristics: In the IPT & ADM group participants were mostly females (68%) with a mean age of 77.6 (SD=7) years; in the ADM group 77% of the patients were females with a mean age of 77 (SD=5.9) years	IPT & ADM (n=28) vs. ADM & CM (n=35) ADM: paroxetine with a initial dosage of 10 mg/day	Recurrence (DSM-IV) n (%) at 2 years: • IPT & ADM: 8/28 (30) • ADM: 12/35 (51) Mean scores Quality of well being scale (SD) at 12 m: • IPT & ADM: 0.54 (0.14), n=28 • ADM: 0.57 (0.13), n=35	• 7/28 in ADM group and 9/28 in IPT & ADM group did not complete the study
Wilkinson et al. 2009 [81]	• RCT • Funding: Health Foundation, CoI: none • Setting: patients were recruited from GP and psychiatric services in Oxford and Southampton, UK • Sample size: 45 • Duration: 6 and 12 months follow up	• Eligibility: MME according to ICD-10 criteria within the last year and had remitted for at least 2 months on ADM • Exclusion criteria: MMSE of less than 24, current severe alcohol problems, diagnosis of bipolar disorder • Patients characteristics: 17/45 participants were males with a mean age of 72.7 (SD=7.6) years in the CBT & ADM group and 75.2 (SD=6.9) years in the ADM group	CBT & ADM (n=22) vs. ADM (n=23) ADM: fluoxetine 20mg or amitriptyline 150mg per day	Recurrence (MADRS≥10) n (%) at 6 m • CBT & ADM: 1/18 (5.6) • ADM: 4/19 (21.1) Recurrence (MADRS≥10) n (%) at 12 m • CBT & ADM: 5/18 (27.8) • ADM: 8/18 (44.4) Recurrence (BDI≥12) n (%) at 6 m • CBT & ADM: 8/18 (44.4)	• 18/23 patients in ADM group and 18/22 patients in the CBT & ADM group completed the follow up assessment

			• ADM: 5/19 (26.3) Recurrence (BDI≥12) n (%) at 12 m • CBT & ADM: 7/18 (38.9) • ADM: 5/18 (27.8)

Abbreviations: ADM: Antidepressant Medication; BDI: Beck Depression Inventory; CoI: Conflict of Interest; CBT: Cognitive Behavioural Therapy; DSM: Diagnostic and Statistical Manual of Mental Disorders; HRSD: Hamilton Rating Scale for Depression; m: months; MC: Medication Clinic; MDD: Major Depressive Disorder; MDE: Major Depressive Episode; MMSE: Mini Mental State Examination; n: number; NIMH: National Institute of Mental Health; NR: Not Reported; RCD: Research Diagnostic Criteria; RCT: Randomized Controlled Trial; SD: Standard Deviation; SS: Social Skills training; UK: United Kingdom; w: weeks

6. SUMMARY OF FINDINGS TABLES

Table 17 – Clinical evidence profile RQ1: *psychotherapy vs. control in adults with MDD, acute phase treatment*

Quality assessment							Summary of Findings				
Participants (studies) Follow up	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of evidence	Study event rates (%) With psychotherapy	Study event rates (%) With Control	Relative effect (95% CI)	Risk difference	Number needed to treat (95% CI)
Response to psychotherapy vs. control groups at 6 months or longer post-randomisation (CRITICAL OUTCOME)											
2, 388 (22)	-1 §	0	-1 ¶	0	0	⊕⊕⊙⊙ Low	452/909	283/753	1.96 (1.50 to 2.55)	0.11 (0.05 to 0.18)	
Response to psychotherapy vs. control groups at 1 year or longer post-randomisation (IMPORTANT OUTCOME)											
1, 583 (11)	-1 §	0	-1 ¶	-1 #	0	⊕⊙⊙⊙ Very low	383/702	242/623	1.59 (1.14 to 2.21)	0.09 (0.02 to 0.17)	
Quality of life at 6 months or longer post-randomisation (CRITICAL OUTCOME)											
884 (7)	-1 £	0	-1 ¶	-1#	0	⊕⊙⊙⊙ Very low	NA	NA	Cohen´s d=0.26 (0.123 to 0.39)	NA	NA
Quality of life at 1 year or longer post-randomisation (IMPORTANT OUTCOME)											
567 (3)	-1 £	0	-1 ¶	-1#	0	⊕⊙⊙⊙ Very low	NA	NA	Cohen´s d=0.20 (0.03 to 0.36)	NA	NA
Work-related outcomes (IMPORTANT OUTCOME)											
35 (1)	NA	NA	NA	NA	NA	NA	Declared fit and employed No (%) at 18m: • ACT: 3/ 18 (16.7), n=18 • Control condition: 2/16 (12.5), n=17 Declared fit and unemployed No (%) at 18m: • ACT: 3/ 18 (16.7), n=18 • Control condition: 4/16 (25), n=17				

							Pension disability No (%) at 18m: • ACT: 8/18 (44.4), n=18 • Control condition: 9/16 (56.3), n=17 Continued sick-leave and unemployment No (%) at 18m: • ACT: 4/18 (22.2), n=18 • Control condition: 1/16 (6.2), n=17
Safety/adverse events (CRITICAL OUTCOME)							
262 (2)	NA	NA	NA	NA	NA	NA	Strong et al. 2008: during follow-up, there were 11 cancer-related deaths and 1 death by suicide in the TAU group, and 7 cancer-related deaths in the PST+TAU group; Weissman et al. 1981: 1patient assigned to IPT and 2 patients assigned to non-scheduled treatment were hospitalized

Abbreviations: ACT: Acceptance Commitment Therapy; CI: Confidence Intervals; IPT: Interpersonal Psychotherapy; PST: Problem Solving Therapy; TAU: Treatment as Usual
Information on clinically important subgroups such as first time depressed patients vs. recurrent episodes or the severity of depression is not available

§ 10/22 RCTs and 3/9 RCTs respectively at high risk of bias due to unblinded assessment of all outcomes; 9/22 RCTs and 5/11 RCTs at high risk of bias due to (the handling of) incomplete data
$ 95%CI crosses the minimal important difference of an OR of 1.5, an OR of 0.67 or a SMD of 0.24 (Cuijpers et al., in press)[97]
£ Quality of life outcome assessment unblinded in all trials due to the nature of the intervention and the nature of quality of life assessments. In addition, 3/7 RCTs at high risk of bias due to (the handling of) incomplete data at 6 months or longer post-randomisation

Table 18 – Clinical evidence profile RQ1: *psychotherapy vs. control groups in adults who had had MDD, maintenance treatment*

Quality assessment							Summary of Findings				
Participants (studies) Follow up	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of evidence	Study event rates (%)		Relative effect (95% CI)	Risk difference	Number needed to treat (95% CI)
							With psychotherapy	With control			
Sustained response to maintenance psychotherapy vs. control at 6 months or longer post-randomisation (CRITICAL OUTCOME)											
1, 453 (16)	-1 §	0	0	0	0	⊕⊕⊕⊙ Moderate	438/645 (68)	310/623 (50)	2.37 (1.78 to 3.14)	0.19 (0.12 to 0.27)	
Sustained response to maintenance psychotherapy vs. control groups at 2 years or longer post-randomisation (IMPORTANT OUTCOME)											
466 (6)	0	0	0	-1#	0	⊕⊕⊕⊙ Moderate	145/246 (59)	97/220 (44)	2.19 (1.17 to 4.09)	0.18 (0.03 to 0.33)	
Quality of life (CRITICAL OUTCOME)											
106 (1)	NA	NA	NA	NA	NA	NA	Godfrin et al. 2010 [98] : Mean scores QLDS (SD) at 14m: • MBCT+TAU: 9.13 (7.84), n=52 • TAU: 10.90 (8.69), n=54				
Work-related outcomes (IMPORTANT OUTCOME)											
0	NA	NA	NA	NA	NA	NA	No study reported on work-related outcomes				
Safety/adverse events (CRITICAL OUTCOME)											
286 (2)	NA	NA	NA	NA	NA	NA	Godfrin et al. 2010 [98] : Adverse effects (hospitalization) No (%) at 14m: • MBCT+TAU: 1/52 (2.6), n=52 • TAU: 0/54 Stangier et al. 2013 [48] : 2 patients died by suicide (1 after discontinuing CT and 1 after completing manualized psychoeducation)				

Abbreviations: CI: Confidence Intervals; CT: Cognitive Therapy; MBCT: Mindfulness based Cognitive Therapy; QLDS: Quality of Life in Depression Scale; TAU: Treatment as Usual

§ 9/16 RCTs compared maintenance PT vs. no structured treatment such as treatment as usual

$ 95%CI crosses the minimal important difference of an OR of 1.5, an OR of 0.67 or a SMD of 0.24 (Cuijpers et al., in press)[97]

Table 19 – Clinical evidence profile RQ2: *psychotherapy vs. antidepressants (no continuation) in adults with MDD, acute phase treatment*

Quality assessment							Summary of Findings			
Participants (studies) Follow up	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of evidence	Study event rates (%) With psychotherapy	Study event rates (%) With ADM	Relative effect (95% CI)	Risk difference
501 (9)	-1 §	0	-1 ¶	-1 $	-1 £	⊕⊙⊙⊙ Very low	201 (61.5)	86 (49.4)	1.88 (1.11 to 3.18)	0.16 (0.02 to 0.30)
501 (8)	-1 §	0	-1 ¶	-1 $	-1 £	⊕⊙⊙⊙ Very low	201 (61.4)	86 (49.4)	1.91 (1.07 to 3.42)	0.16 (0.02 to 0.30)
Quality of life (CRITICAL OUTCOME)										
0	NA	NA	NA	NA	NA	NA	No studies reported on quality of life			
Work-related outcomes (IMPORTANT OUTCOME)										
0	NA	NA	NA	NA	NA	NA	No studies reported on work-related outcomes			
Safety/adverse events (CRITICAL OUTCOME)										
133 (2)	NA	NA	NA	NA	NA	NA	Moradveisi et al. 2013 [59] referred that 3 patients dropped out due to medication side effects; Weissman et al. 1981 [27] reported that 3 patients (1 followed psychotherapy and 2 receiving ADM) were hospitalized; no suicides reported			

¶ Information on clinically important subgroups such as first time depressed patients vs. recurrent episodes or the severity of depression is not available

§ 4/9 RCTs and 3/8 RCTs respectively at high risk of bias due to unblinded assessment of all outcomes; in an additional 5/12 RCTs and 4/8 RCTs part of the outcomes were assessed unblinded; 7/9 RCTs and 6/8 RCTs at high risk of bias due to (the handling of) incomplete data

£ Small studies with a favourable effect for ADM seem to be missing on visual inspection of the funnel plot. Substantial difference in estimated effect sizes using Duval and Tweedie´s trim and fill test (using trim and fill the imputed point estimates were 1.15 (95%CI: 0.64 to 2.06) and 1.07 (0.57 to 2.04) respectively

$ 95%CI includes the minimal important difference of an OR of 1.5 or an OR of 0.67 (Cuijpers et al., in press)[97]

Table 20 – Clinical evidence profile RQ2: *psychotherapy vs. antidepressants (+ continuation) in adults with MDD, acute phase treatment*

Quality assessment										
Participants (studies) Follow up	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Publication bias**	**Overall quality of evidence**	**Study event rates (%)**		**Relative effect** (95% CI)	**Risk difference**
							With psychotherapy	**With ADM**		
612 (6)	-1 §	0	-1 ¶	-1 $	0	⊕⊙⊙⊙ Very low	160 (62.5)	86 (55.8)	1.30 (0.90 to 1.88)	0.08 (0.01 to 0.15)
253 (3)	-1 §	0	-1 ¶	-1 $	0	⊕⊙⊙⊙ Very low	85 (56.3)	49 (48)	1.63 (0.99 to 2.69)	0.11 (0.01 to 0.22)
0	NA	NA	NA	NA	NA	NA	No studies reported on quality of life			
Work-related outcomes (IMPORTANT OUTCOME)										
0	NA	NA	NA	NA	NA	NA	No studies reported on work-related outcomes			
Safety/adverse events (CRITICAL OUTCOME)										
170 (1)	NA	NA	NA	NA	NA	NA	David et al. 2008 [51] reported that 10 patients experienced adverse effects: 9/49 patients receiving ADM (1 patient had panic attacks, 2 patients had anxiety and insomnia, 1 patient experienced crying and anger, 2 patients had restlessness and 3 had insomnia), 0/52 following REBT and 1/50 following CT experienced insomnia			

Information on clinically important subgroups such as first time depressed patients vs. recurrent episodes or the severity of depression is not available

§ 3/6 RCTs and 1/3 RCTs respectively at high risk of bias due to unblinded assessment of part of the outcomes; 3/6 RCTs and 3/3 RCTs at high risk of bias due to (the handling of) incomplete data

$ 95%CI crosses the minimal important difference of an OR of 1.5 or an OR of 0.67 (Cuijpers et al., in press)[97]

Table 21 – Clinical evidence profile RQ2: *psychotherapy vs. antidepressants in adults who had MDD, maintenance treatment*

Quality assessment							Summary of Findings			
Participants (studies) Follow up	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of evidence	Study event rates (%)		Relative effect (95% CI)	Risk difference
							With psychotherapy	With ADM		
Sustained response to maintenance psychotherapy vs. maintenance ADM at 8 months or longer post-randomisation (CRITICAL OUTCOME)										
646 (7)	0	0	0	0	0	⊕⊕⊕⊕ High	129 (63)	129 (61.4)	1.05 (0.76 to 1.45)	0.01 (-0.08 to 0.09)
Sustained response to maintenance psychotherapy vs. maintenance ADM at 2 years or longer post-randomisation (IMPORTANT OUTCOME)										
285 (4)	-1 #	0	0	-1 $	0	⊕⊕⊙⊙ Low	69 (58.4)	74 (61.6)	0.86 (0.51 to 1.46)	-0.04 (-0.15 to 0.07)
Quality of life (CRITICAL OUTCOME)										
0	NA	NA	NA	NA	NA	NA	No studies reported on quality of life			
Work-related outcomes (IMPORTANT OUTCOME)										
0	NA	NA	NA	NA	NA	NA	No studies reported on work-related outcomes			
Safety/adverse events (CRITICAL OUTCOME)										
172 (1)	NA	NA	NA	NA	NA	NA	[43] stated that during maintenance 2 patients from each condition (ADM, CT) were hospitalized for worsening depression and/or suicidal ideation. No suicides reported			

 # 2/4 RCTs at high risk of bias due to unblinded assessment of all of the outcomes; 1 RCT at high risk of bias due to unblinded assessment of part of the outcomes; 2/4 RCTs at high risk of bias due to (the handling of) incomplete data
$ 95%CI includes no effect and crosses the minimal important difference of an OR of 1.5 or an OR of 0.67 (Cuijpers et al., in press) [97]

Table 22 – Clinical evidence profile RQ3: *combined psychotherapy and ADM vs. psychotherapy in adults with MDD, acute phase treatment*

Quality assessment							Summary of Findings				
Participants (studies) Follow up	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of evidence	Study event rates (%) With combined psychotherapy and ADM	Study event rates (%) With psychotherapy	Relative effect (95% CI)	Risk difference	Number needed to treat (95% CI)
Response to combined psychotherapy and ADM vs. psychotherapy at 6 months or longer post-randomisation (CRITICAL OUTCOME)											
302 (6)	-1#	0	-1 ¶	-1 $	0	⨁⊙⊙⊙ Very low	79/107 (74)	110/151 (73)	1.30 (0.76 to 2.22)	-0.002 (-0.09 to 0.09)	
Response to combined psychotherapy and ADM vs. psychotherapy at 1 year or longer post-randomisation (IMPORTANT OUTCOME)											
302 (6)	-1#	0	-1 ¶	-1$	0	⨁⊙⊙⊙ Very low	79/107 (74)	110/151 (73)	1.30 (0.76 to 2.22)	-0.002 (-0.09 to 0.09	
Quality of life (CRITICAL OUTCOME)											
0	NA	NA	NA	NA	NA	NA	No study reported on quality of life				
Work-related outcomes (IMPORTANT OUTCOME)											
0	NA	NA	NA	NA	NA	NA	No study reported on work-related outcomes				
Safety/adverse events (CRITICAL OUTCOME)											
1 (31)	NA	NA	NA	NA	NA	NA	Weissman et al. 1981 [27] : Adverse events, rehospitalisation at 1 year : • IPT & ADM: 0/18 • IPT: 1/13				

Abbreviations: ADM: Antidepressant Medication; CI: Confidence Intervals; IPT: Interpersonal Psychotherapy
Information on clinically important subgroups such as first time depressed patients vs. recurrent episodes or the severity of depression is not available
 # 3/6 RCTs at high risk of bias due to unblinded assessment of all outcomes; 4/6 RCTs at high risk of bias due to (the handling of) incomplete data
$ 95%CI crosses the minimal important difference of an OR of 1.5, an OR of 0.67 or a SMD of 0.24 (Cuijpers et al., in press)97

Table 23 – Clinical evidence profile RQ3: *combined psychotherapy and ADM vs. ADM in adults with MDD, acute phase treatment*

Quality assessment							Summary of Findings				
Participants (studies) Follow up	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of evidence	Study event rates (%) With combined psychotherapy and ADM	Study event rates (%) With ADM	Relative effect (95% CI)	Risk difference	Number needed to treat (95% CI)
Response to combined psychotherapy and ADM vs. ADM at 6 months or longer post-randomisation (CRITICAL OUTCOME)											
662 (12)	-1#	0	-1 ¶	0	0	⊕⊕⊙⊙ Low	152/227 (67)	93/209 (44)	2.72 (1.83 to 4.04)	0.22 (0.08 to 0.35)	
Response to combined psychotherapy and ADM vs. ADM at 1 year or longer post-randomisation (IMPORTANT OUTCOME)											
391 (8)	-1#	0	-1 ¶	0	-1§	⊕⊙⊙⊙ Very low	137/206 (67)	83/185 (45)	2.72 (1.50 to 4.96)	0.21 (0.06 to 0.35)	
Quality of life (CRITICAL OUTCOME)											
237 (3)	NA	NA	NA	NA	NA	NA	Bellino et al. 2006 [68] : Mean SAT-P (psychosocial functioning) scores (SD) at 6m: • IPT & ADM: 69 (11.7), n=20 • ADM: 57.2 (14.7), n=19 Mean SAT-P (physical functioning) scores (SD) at 6m: • IPT & ADM: 59.5 (16.7), n=20 • ADM: 62.8 (11.9), n=19 Mean SAT-P (work) scores (SD) at 6m • IPT & ADM: 56 (31.2), n=20 • ADM: 54.4 (14.6), n=19 Mean SAT-P (sleep, food and free time) scores (SD) at 6m • IPT & ADM: 56.4 (20.7), n=20 • ADM: 64.5 (14.9), n=19 Mean SAT-P (social functioning) scores (SD) at 6m • IPT & ADM: 68.5 (12.5), n=20				

							• ADM: 51.7 (10.9), n=19 De Jonghe et al. 2001 [69] : Mean QLDS scores (SD) at 6m: • PDST & ADM: 25.44 (7.59), n=80 • ADM: 19.58 (9.29), n=81 Weissman et al. 1981 [27] : • IPT & ADM: 0/18 • ADM: 2/15
Work-related outcomes (IMPORTANT OUTCOME)							
0	NA	NA	NA	NA	NA	NA	No study reported on work-related outcomes
Safety/adverse events (CRITICAL OUTCOME)							
208 (3)	NA	NA	NA	NA	NA	NA	Miller et al. 1989 [73] : Side effects, rehospitalisation, No (%) at 12m: • CBT & ADM: 3/22 (14) • ADM: 2/9 (22) Side effects, substantial suicidal ideation, No (%) at 12m • CBT & ADM: 6/22 (27) • ADM: 2/9 (22) Zobel et al. 2011 [94] (companion paper with Schramm et al. 2007 [99]) ´No significant differences between the treatment groups regarding the use of post-hospital, pharmacotherapy or psychotherapy, diagnosis, rehospitalization, or suicide attempts´ (actual data not reported) Weissman et al. 1981 [27] : Adverse events, rehospitalisation at 1 year : • IPT & ADM: 0/18 • IPT: 1/15

Abbreviations: ADM: Antidepressant Medication; CI: Confidence Intervals; CBT: Cognitive Behavioural Therapy; IPT: Interpersonal Psychotherapy; PDST: Psychodynamic Supportive Therapy; SAT-P: Satisfaction Profile; SD: Standard Deviation
Information on clinically important subgroups such as first time depressed patients vs. recurrent episodes or the severity of depression is not available
 # 3/12 and 3/8 RCTs respectively at high risk of bias due to unblinded assessment of all outcomes; 7/12 and 5/8 RCTs respectively at high risk of bias due to (the handling of) incomplete data
§ Using Duval and Tweedie's Trim and Fill procedure a substantially decreased adjusted value was obtained (OR 2.02, 95% CI 1.04 to 3.92)

Table 24 – Clinical evidence profile RQ3: *combined psychotherapy and ADM vs. psychotherapy in adults who had had MDD, maintenance treatment*

Quality assessment							Summary of Findings			
Participants (studies) Follow up	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of evidence	Study event rates (%) With combined psychotherapy ADM	Study event rates (%) With psychotherapy	Relative effect (95% CI)	Risk difference
Sustained response to maintenance combined psychotherapy and ADM vs. maintenance psychotherapy at 6 months or longer post-randomisation (CRITICAL OUTCOME)										
128 (1)	-1#	0	0	-1§	0	⨁⨁⊙⊙ Low	15/25 (60)	8/26 (30.8)	3.37 (1.06 to 10.71)	0.29 (0.03 to 0.55)
Quality of life (CRITICAL OUTCOME)										
0	NA	NA	NA	NA	NA	NA	No studies reported on quality of life			
Work-related outcomes (IMPORTANT OUTCOME)										
0	NA	NA	NA	NA	NA	NA	No studies reported on work-related outcomes			
Safety/adverse events (CRITICAL OUTCOME)										
0	NA	NA	NA	NA	NA	NA	No studies reported on safety/adverse events			

Abbreviations: ADM: Antidepressant Medication; CI: Confidence Intervals
 # At high risk of bias due to (the handling of) incomplete data
$ 95%CI crosses the minimal important difference of an OR of 1.5, an OR of 0.67 or a SMD of 0.24 (Cuijpers et al., in press)97

Table 25 – Clinical evidence profile RQ3: *combined psychotherapy and ADM vs. ADM in adults who had had MDD, maintenance treatment*

Quality assessment										
Participants (studies) Follow up	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of evidence	Study event rates (%)		Relative effect (95% CI)	Risk difference
							With psychotherapy	With ADM		
Sustained response to maintenance combined psychotherapy and ADM vs. maintenance ADM at 6 months or longer post-randomisation (CRITICAL OUTCOME)										
518 (7)	-1#	0	0	-1$	0	⊕⊕⊙⊙ Low	183/233 (79)	172/250 (69)	1.62 (1.07 to 2.45)	0.07 (-0.01 to 0.16)
Sustained response to maintenance combined psychotherapy combined with ADM vs. maintenance ADM at 1 year or longer post-randomisation (IMPORTANT OUTCOME)										
351 (5)	0	0	0	-1$	0	⊕⊕⊕⊙ Moderate	116/167 (69)	104/184 (56)	1.84 (1.13 to 2.99)	0.12 (0.01 to 0.22)
Quality of life (CRITICAL OUTCOME)										
63 (1)	NA	NA	NA	NA	NA	NA	Reynolds et al. 2006 [80] : Mean scores Quality of well-being scale (SD) at 12m: • IPT & ADM: 0.54 (0.14), n=28 • ADM: 0.57 (0.13), n=35			
Work-related outcomes (IMPORTANT OUTCOME)										
0	NA	NA	NA	NA	NA	NA	No studies reported on work-related outcomes			
Safety/adverse events (CRITICAL OUTCOME)										
36 (1)	NA	NA	NA	NA	NA	NA	Reynolds 1999 [79] : Side effects, No (%) at 1 year: • IPT & ADM: 0/16 (0) • ADM: 2/25 (18)			

Abbreviations: ADM: Antidepressant Medication; CI: Confidence Intervals; IPT: Interpersonal Psychotherapy

 # 4/7 RCTs at a high risk of bias due to the (handling of) incomplete data

$ 95%CI crosses the minimal important difference of an OR of 1.5, an OR of 0.67 or a SMD of 0.24 (Cuijpers et al., in press)[97]

7. FOREST PLOTS

Figure 3 – Response to acute phase psychotherapy vs. control groups at 6 months or longer post-randomization

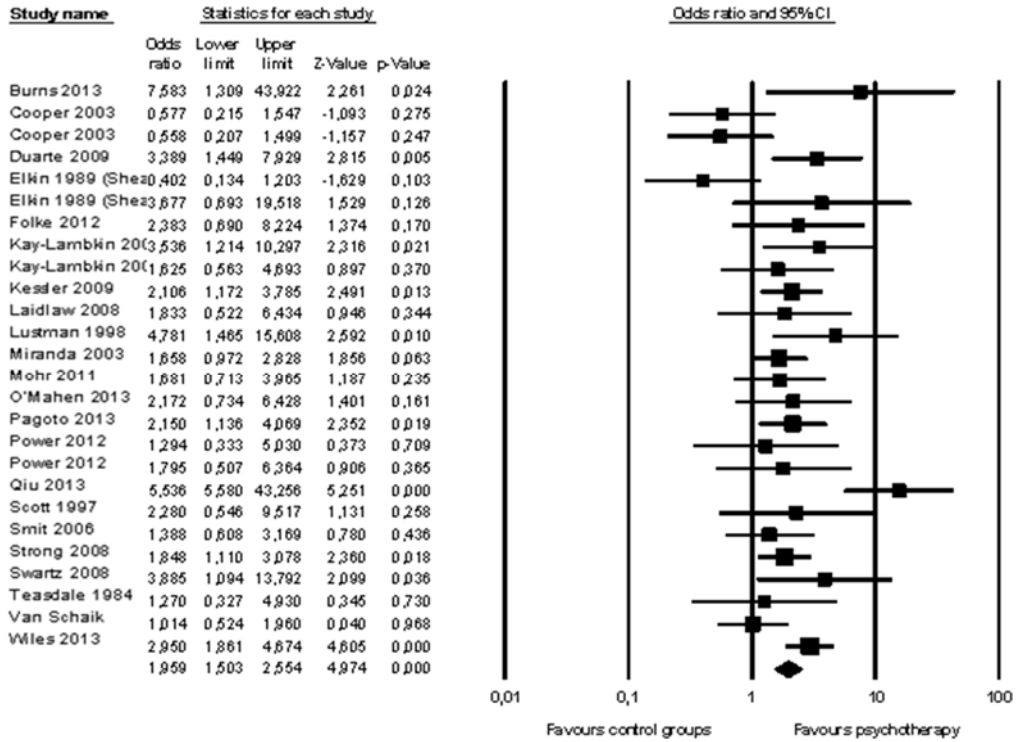


Figure 4 – Response to acute phase psychotherapy vs. control groups at 12 months or longer post-randomization

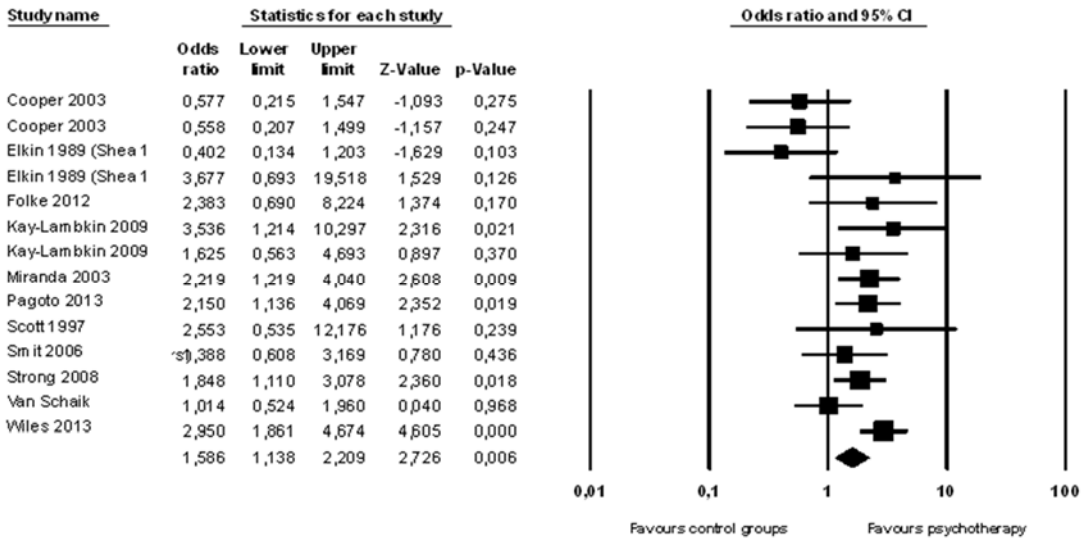


Figure 5 – Remission/recovery (diagnosed by a clinical interview) after acute phase psychotherapy vs. control groups at 6 months or longer post-randomization

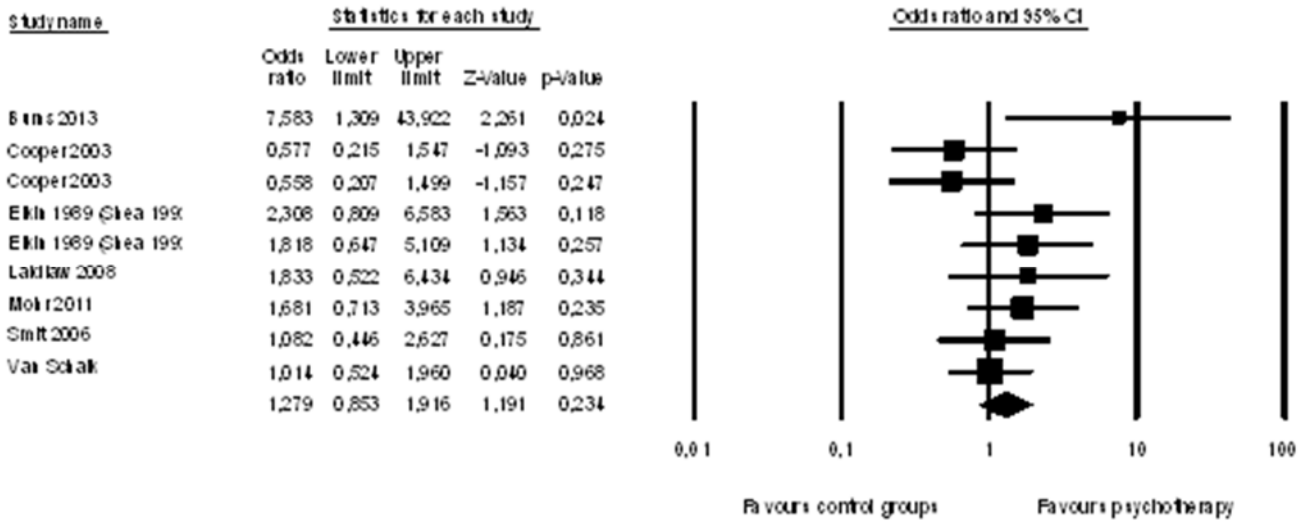


Figure 6 – Remission/recovery (diagnosed by a clinical interview) after acute phase psychotherapy vs. control groups at 12 months or longer post-randomization

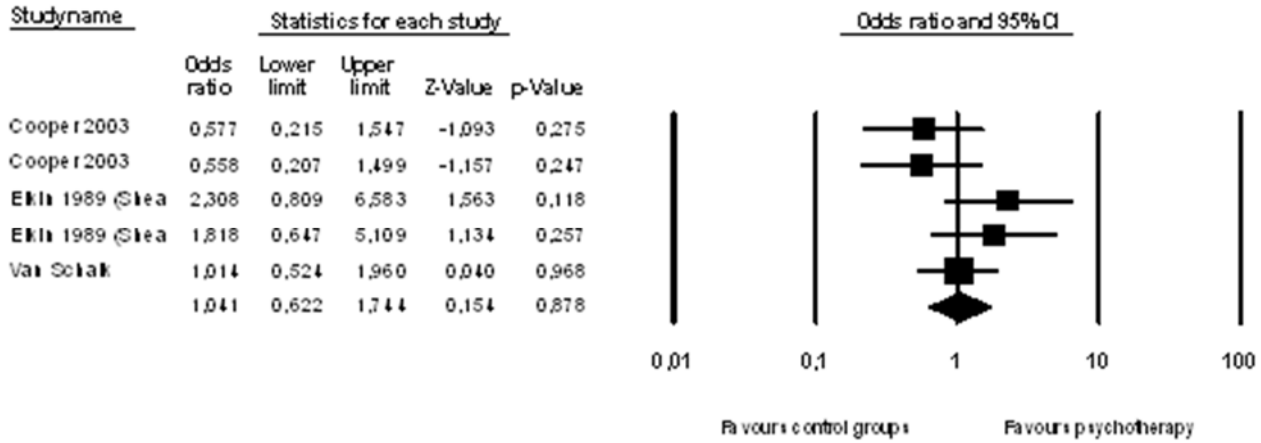


Figure 7 – Quality of life after acute phase psychotherapy vs. control groups at 6 months or longer post-randomization

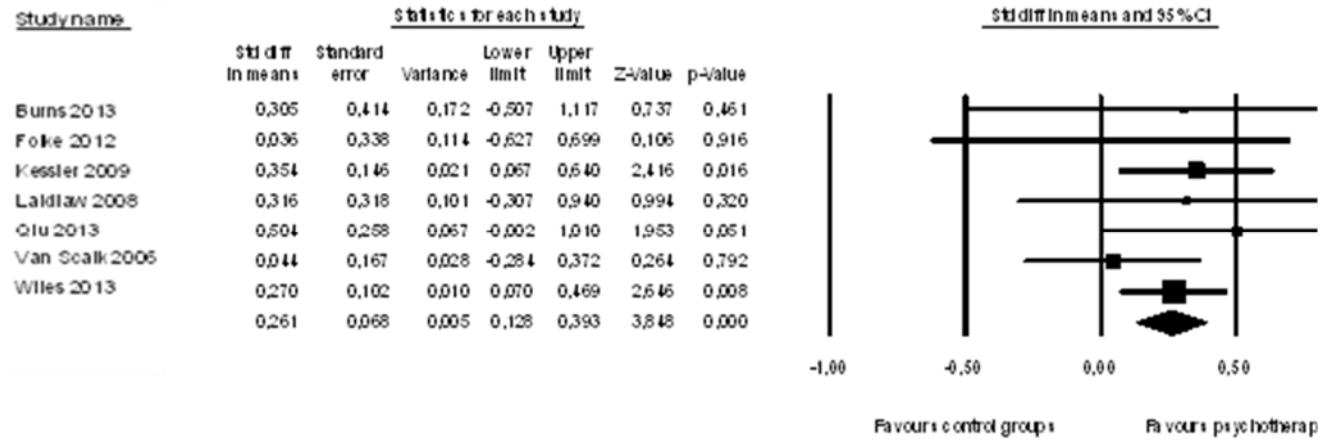


Figure 8 – Quality of life after acute phase psychotherapy vs. control groups at 1 year or longer post-randomization

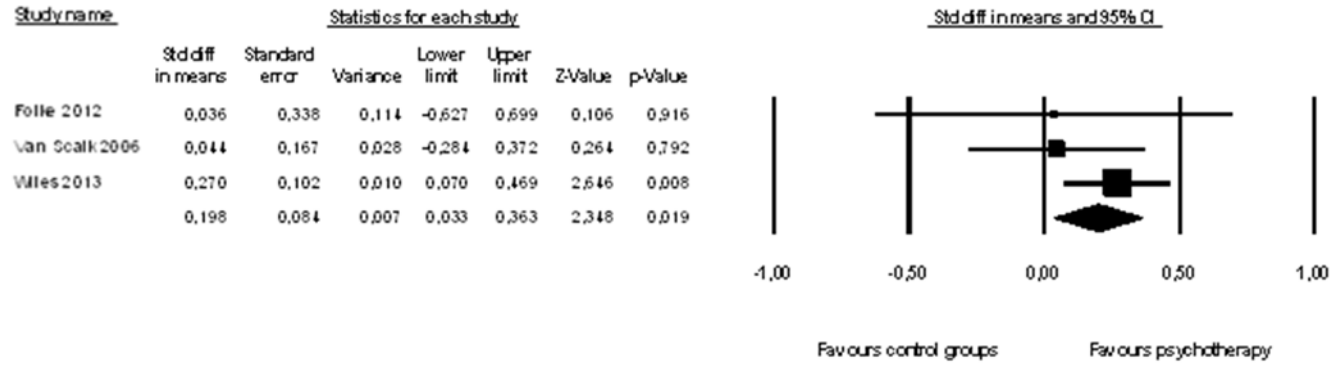


Figure 9 – No relapse (diagnosed by a clinical interview) after acute phase psychotherapy vs. control groups at 6 months or longer post-randomization

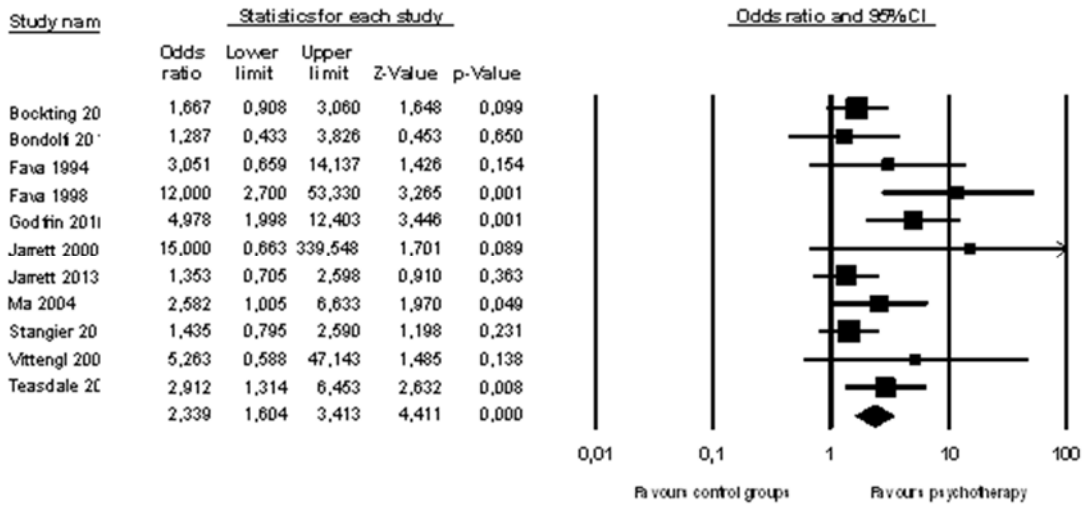


Figure 10 – No relapse (diagnosed by a clinical interview) after acute phase psychotherapy vs. control groups at 12 months or longer post-randomization

Study name	Odds ratio	Lower limit	Upper limit	Z-Value	p-Value
Bockting 2005	1,451	0,780	2,698	1,176	0,240
Fava 1994	3,051	0,659	14,137	1,426	0,154
Fava 1998	12,000	2,700	53,330	3,265	0,001
Jarrett 2000	6,000	0,354	101,568	1,241	0,214
Jarrett 2013	1,722	0,908	3,263	1,665	0,096
	2,464	1,260	4,818	2,636	0,008

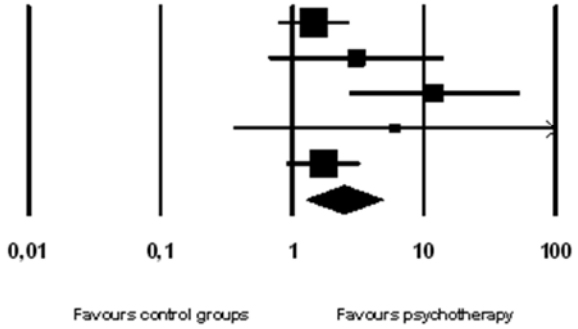


Figure 11 – Sustained response to maintenance psychotherapy vs. control groups at 6 months or longer post-randomization

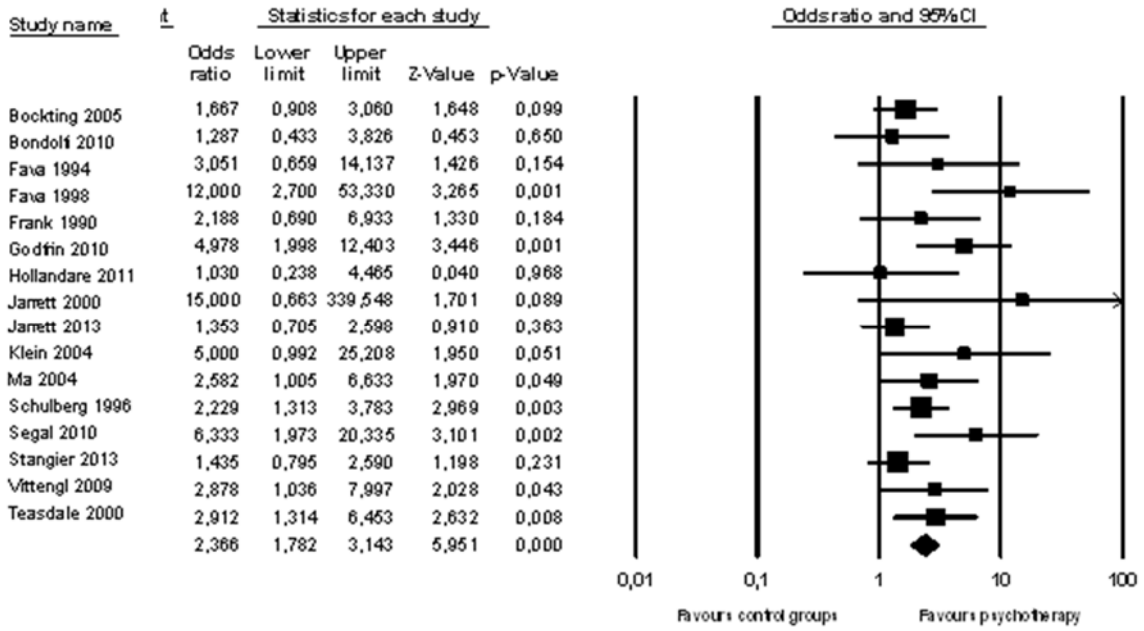


Figure 12 – Sustained response to maintenance psychotherapy vs. control groups at 12 months or longer post-randomization

Study name	Odds ratio	Lower limit	Upper limit	Z-Value	p-Value
Bockting 2005	1,451	0,780	2,698	1,176	0,240
Fava 1994	3,051	0,659	14,137	1,426	0,154
Fava 1998	12,000	2,700	53,330	3,265	0,001
Frank 1990	0,730	0,111	4,806	-0,327	0,744
Jarrett 2000	6,000	0,354	101,568	1,241	0,214
Jarrett 2013	1,722	0,908	3,263	1,665	0,096
	2,191	1,172	4,094	2,457	0,014

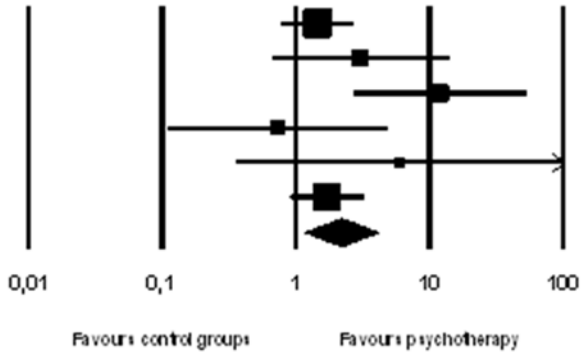


Figure 13 – Response to acute phase psychotherapy vs. ADM (no continuation) at six months or longer post-randomization

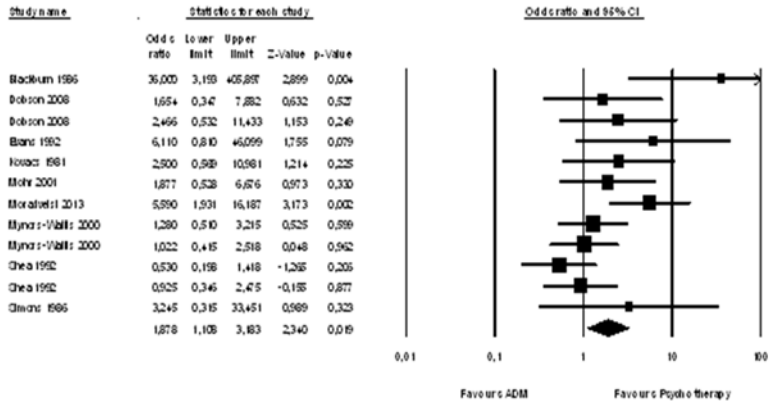


Figure 14 – Response to acute phase psychotherapy vs. ADM (+ continuation) at six months or longer post-randomization

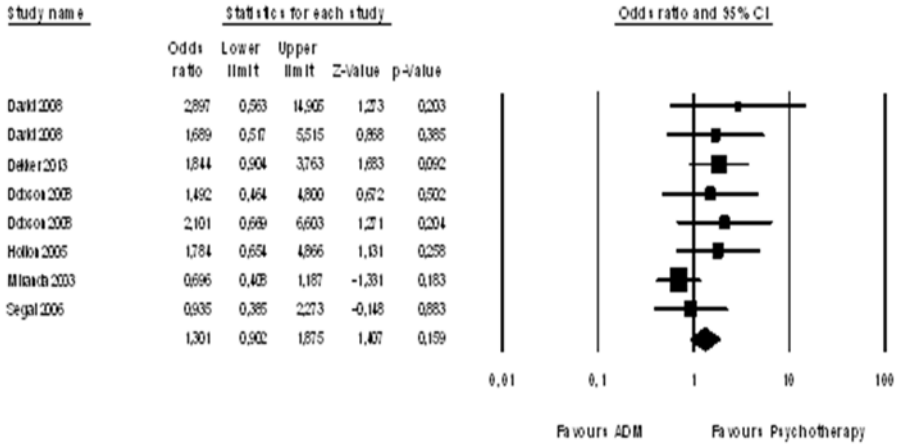


Figure 15 – Response to acute phase psychotherapy vs. ADM (no continuation) at 1 year or longer post-randomization

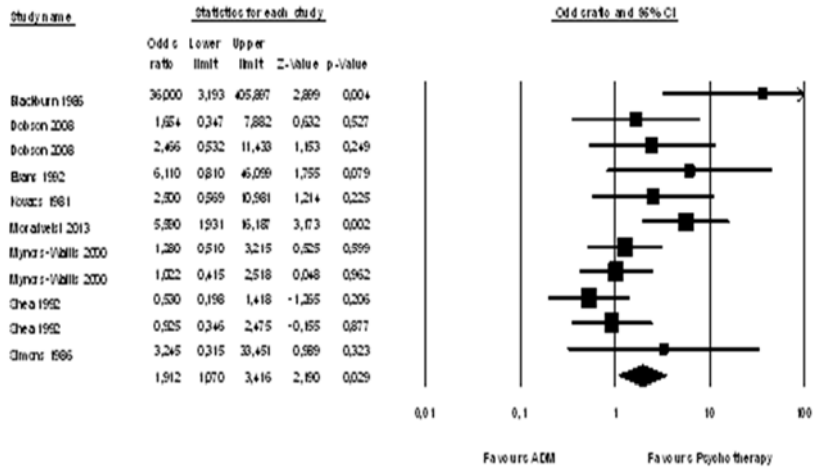


Figure 16 – Response to acute phase psychotherapy vs. ADM (+ continuation) at 1 year or longer post-randomization

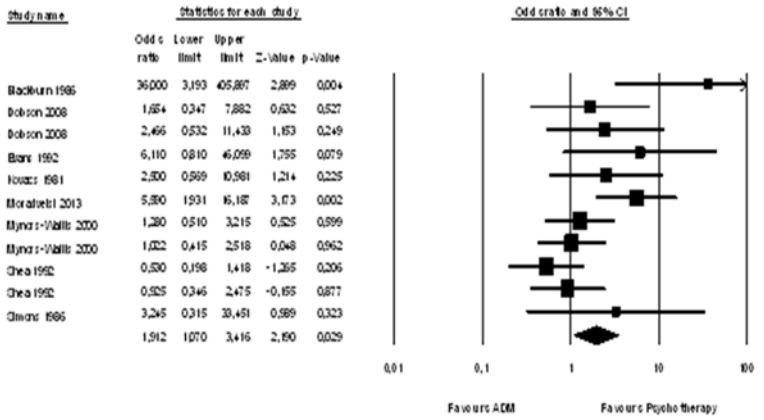


Figure 17 – Sustained response to maintenance psychotherapy vs. maintenance ADM at 8 months or longer post-randomization

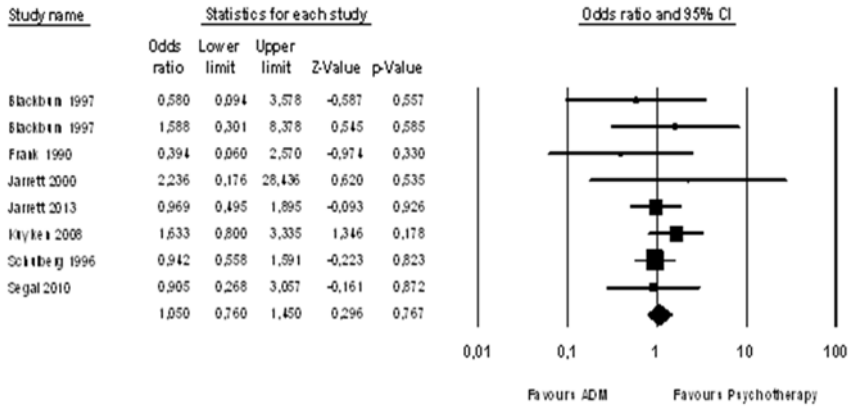


Figure 18 – Sustained response to maintenance psychotherapy vs. maintenance ADM at 2 years or longer post-randomization

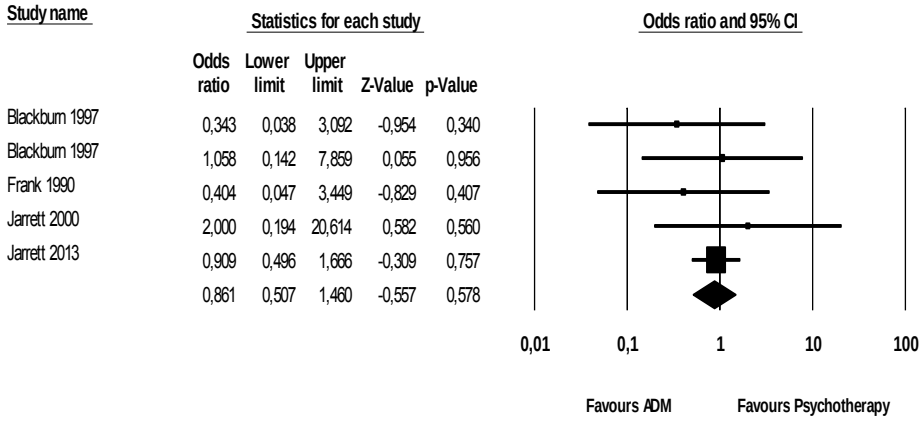


Figure 19 – Response to acute phase psychotherapy with ADM vs. psychotherapy at 6 months and at 1 year or longer post-randomization

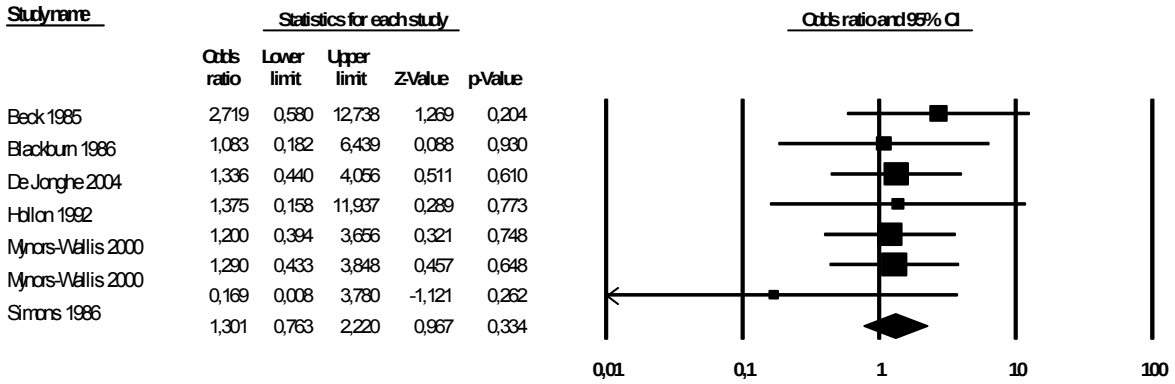


Figure 20 – Response to acute phase psychotherapy with ADM vs. ADM at 6 months or longer post-randomization

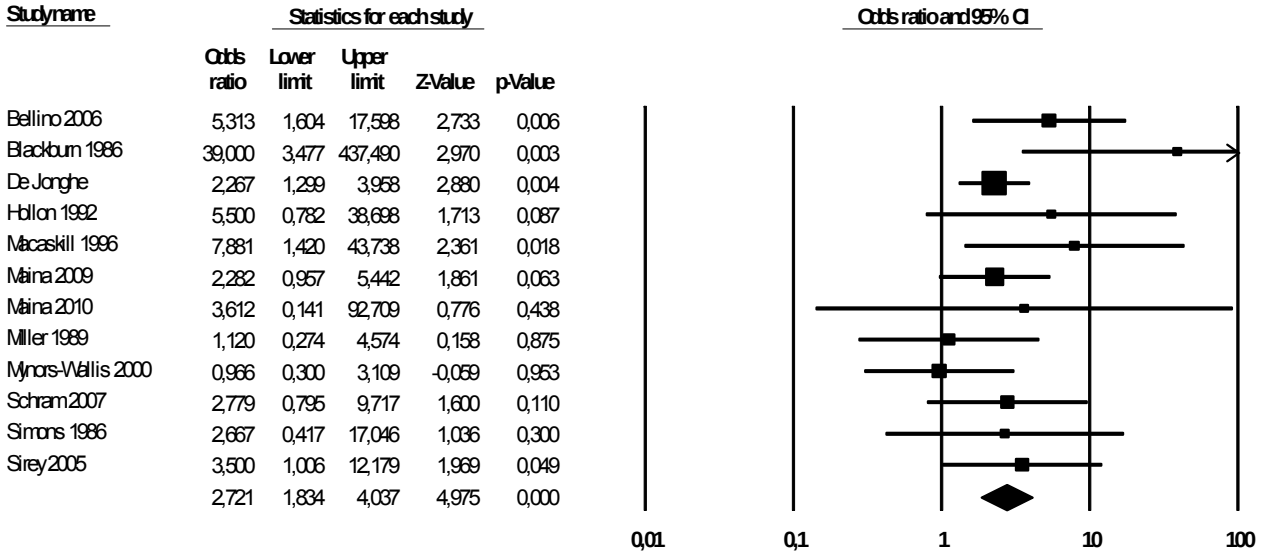


Figure 21 – Response to acute phase psychotherapy with ADM vs. ADM at 1 year or longer post-randomization

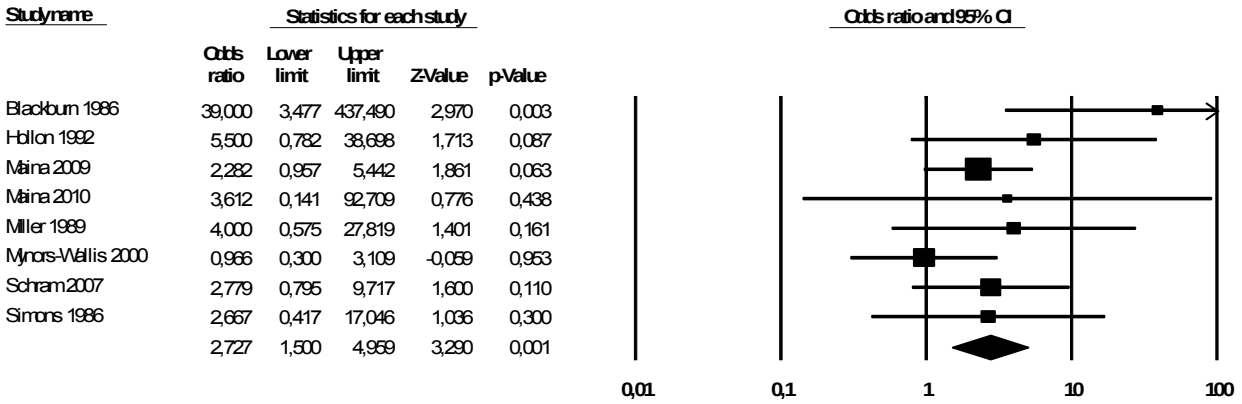


Figure 22 – Response to acute phase psychotherapy with ADM vs. ADM at 6 months or longer post-randomization (sensitivity analysis, excluded inpatients)

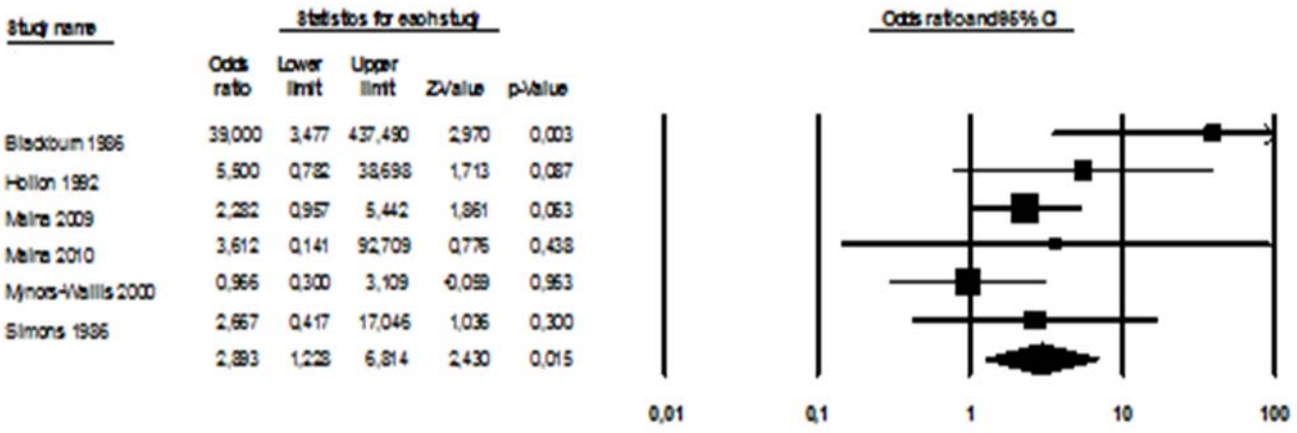


Figure 23 – Response to acute phase psychotherapy with ADM vs. ADM at 1 year or longer post-randomization (sensitivity analysis, excluded inpatients)

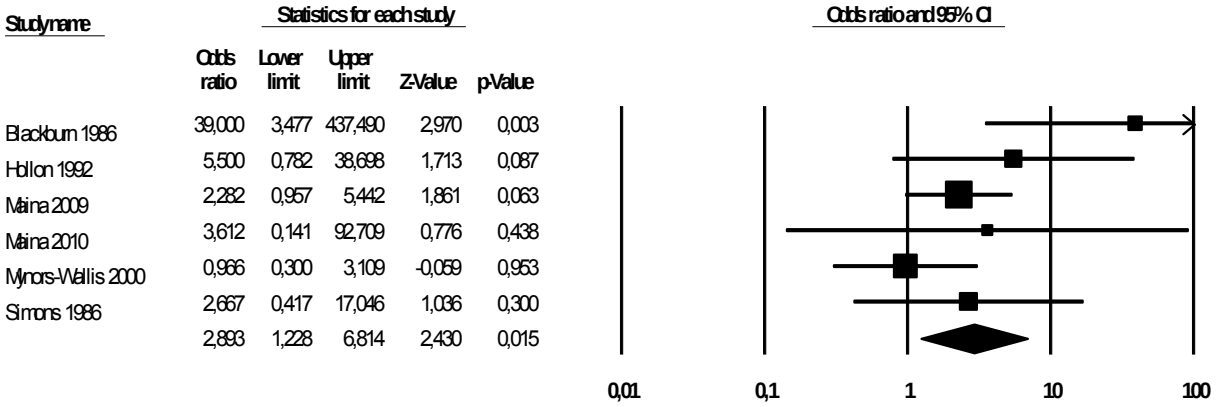


Figure 24 – Sustained response to maintenance psychotherapy with ADM vs. maintenance ADM at 6 months or longer post-randomization

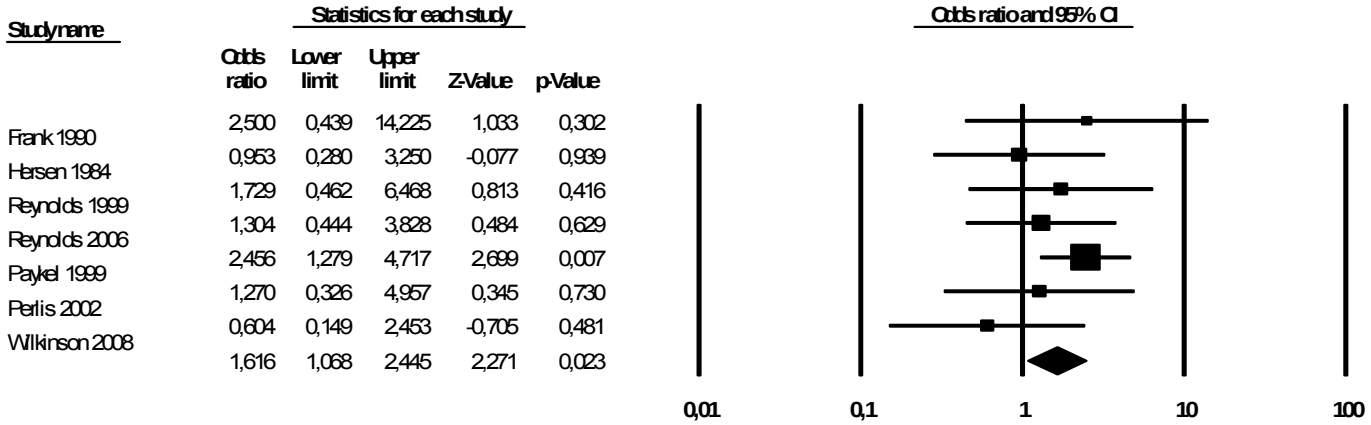
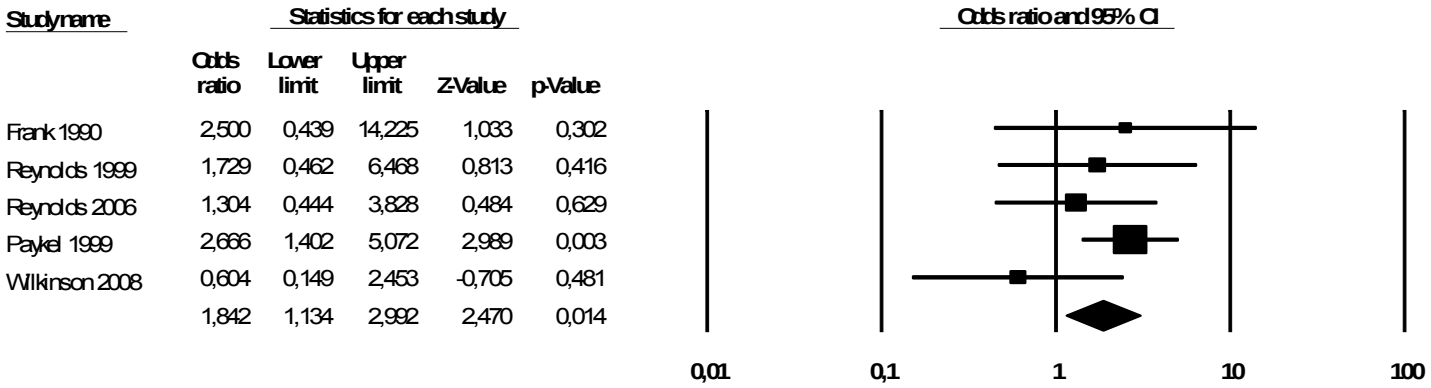


Figure 25 – Sustained response to maintenance psychotherapy with ADM vs. maintenance ADM at 1 year or longer post-randomization



8. SUBGROUP ANALYSIS COGNITIVE BEHAVIOURAL THERAPY

Table 26 – Subgroup meta-analysed outcomes: psychotherapy vs. control groups in adults with MDD, acute phase treatment

Outcome	N of comparisons	OR/ Hedges's g	95% CI	P	P (between groups)
Response at 6 months or longer post-randomization					
Other type of therapy	8	1.66	1.13 to 2.44	0.01	0.37
CBT	18	2.10	1.50 to 2.96	0.00	
Response at 1 year or longer post-randomization					
Other type of therapy	6	1.53	0.98 to 2.37	0.06	0.89
CBT	8	1.60	0.96 to 2.65	0.07	
Quality of life at 6 months or longer post-randomization					
Other type of therapy	2	0.04	-0.25 to 0.34	0.77	0.10
CBT	5	0.31	0.17 to 0.46	0.00	
Quality of life at 1 year or longer post-randomization					
Other type of therapy	2	0.04	-0.25 to 0.34	0.77	0.21
CBT	1	0.27	0.07 to 0.47	0.01	

*Abbreviations: *CBT; Cognitive Behavioural Therapy; OR: Odds Ratio*

Table 27 – Subgroup meta-analysed outcomes: psychotherapy vs. control groups in adults who had had MDD and responded to acute phase treatment, maintenance treatment

Outcome	N of comparisons	OR	95% CI	p	P (between groups)
Sustained response at 6 months or longer post-randomization					
Other type of therapy	7	2.70	1.94 to 3.75	0.00	0.37
CBT	9	2.11	1.37 to 3.29	0.01	
Sustained response at 2 years or longer post-randomization					
Other type of therapy	1	0.73	0.11 to 4.80	0.74	0.23
CBT	5	2.46	1.26 to 4.81	0.01	

**CBT; Cognitive Behavioural Therapy; CI: Confidence Interval; OR: Odds Ratio*

Table 28 – Subgroup meta-analysed outcomes: psychotherapy vs. ADM in adults with MDD, acute phase treatment

Outcome	N of comparisons	OR	95% CI	p	P (between groups)
Response to psychotherapy vs. ADM (no continuation) at six months or longer post-randomization					
Other type of therapy	5	1.56	0.81 to 2.99	0.17	0.41
CBT	7	2.52	1.01 to 6.28	0.04	
Response to psychotherapy vs. ADM (+ continuation) at six months or longer post-randomization					
Other type of therapy	2	1.74	0.94 to 3.20	0.07	0.35
CBT	6	1.21	0.76 to 1.91	0.42	
Response to psychotherapy vs. ADM (no continuation) at 1 year or longer post-randomization					
Other type of therapy	5	1.56	0.82 to 2.99	0.17	0.37
CBT	6	2.86	0.92 to 8.91	0.07	
Response to psychotherapy vs. ADM (+ continuation) at 1 year or longer post-randomization					

Other type of therapy	1	1.50	0.46 to 4.80	0.50	0.86
CBT	3	1.66	0.95 to 2.89	0.07	

**CBT; Cognitive Behavioural Therapy; CI: Confidence Interval; OR: Odds Ratio*

Table 29 – Subgroup meta-analysed outcomes: psychotherapy vs. antidepressants in adults who had had MDD and responded to acute phase treatment, maintenance treatment

Outcome	N of comparisons	OR	95% CI	p	P (between groups)
Sustained response at 8 months or longer post-randomization					
Other type of therapy	2	0.88	0.53 to 1.46	0.63	0.39
CBT	6	1.18	0.77 to 1.80	0.43	
Sustained response at 2 years or longer post-randomization					
Other type of therapy	1	0.39	0.06 to 2.57	0.33	0.27
CBT	5	1.16	0.76 to 1.78	0.50	

**CBT; Cognitive Behavioural Therapy; CI: Confidence Interval; OR: Odds Ratio*

Table 30 – Subgroup meta-analysed outcomes: combined psychotherapy and ADM vs. psychotherapy in adults with MDD, acute phase treatment

Outcome	N of comparisons	OR	95% CI	p	P (between groups)
Response at 6 months and at 1 year or longer post-randomization					
Other type of therapy	3	1.27	0.67 to 2.41	0.45	0.90
CBT	4	1.36	0.51 to 3.62	0.53	

**CBT; Cognitive Behavioural Therapy; CI: Confidence Interval; OR: Odds Ratio*

Table 31 – Subgroup meta-analysed outcomes: combined psychotherapy with ADM vs. ADM in adults with MDD, acute phase treatment

Outcome	N of comparisons	OR	95% CI	p	P (between groups)
Response at 6 months or longer post-randomization					
Other type of therapy	7	2.46	1.68 to 3.59	0.00	0.46
CBT	5	3.65	1.38 to 9.65	0.09	
Response at 1 year or longer post-randomization					
Other type of therapy	4	1.93	1.06 to 3.52	0.03	0.07
CBT	4	5.78	2.04 to 16.36	0.00	

**CBT; Cognitive Behavioural Therapy; CI: Confidence Interval; OR: Odds Ratio*

Table 32 – Subgroup meta-analysed outcomes: combined psychotherapy with ADM vs. ADM in adults who had had MDD and responded to acute phase treatment, maintenance treatment

Outcome	N of comparisons	OR	95% CI	p	P (between groups)
Sustained response at 6 months or longer post-randomization					
Other type of therapy	4	1.40	0.73 to 2.65	0.31	0.90
CBT	3	1.50	0.65 to 3.41	0.34	
Sustained response at 1 year or longer post-randomization					
Other type of therapy	3	1.61	0.76 to 3.42	0.21	0.90
CBT	2	1.45	0.35 to 6.07	0.61	

**CBT; Cognitive Behavioural Therapy; CI: Confidence Interval; OR: Odds Ratio*

9. CONSULTATION OF STAKEHOLDERS

9.1. Evaluation of the recommendations

In order to assess the agreement with the recommendations and the anticipated facilitators and barriers to implementation of the recommendations, we conducted a survey amongst the stakeholders and afterwards met with the stakeholders at a face-to-face meeting (June 5th, 2014) to further discuss and elaborate on these matters.

The result of the survey showed, that a very high percentage of the stakeholders agreed with the recommendations (16/18, 14/18 and 16/18 for the three recommendations, respectively). A graphical representation of the stakeholder responses for the survey questions is pasted below. Please note that a summary of the survey questions on facilitators and barriers are summarized in the scientific report (section 9.1.1).

9.1.1. KCE GCP on major depression: Stakeholder survey results

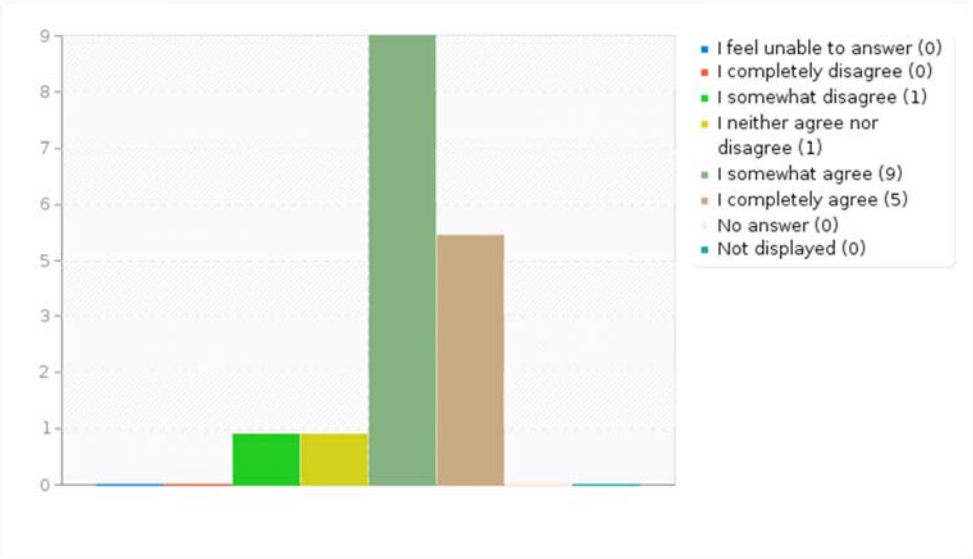
Summary for Q1

Psychotherapy* combined with antidepressant medication is the preferred treatment option for patients with a major depression both in the acute phase and the continuation phase.

Strength of recommendation: Weak

Level of evidence: Very Low

*** The effect is only sufficiently studied for cognitive behavioural therapy**



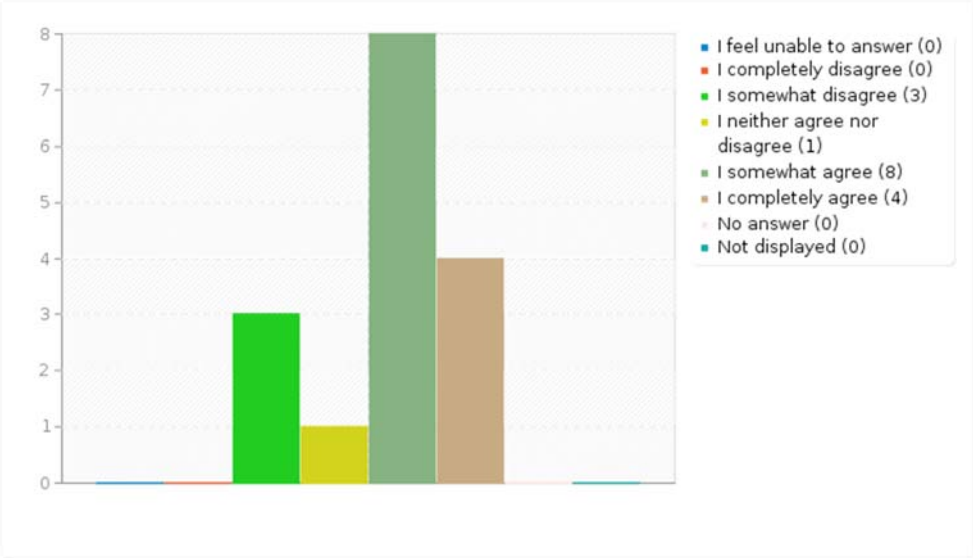
Summary for Q2

If patients with major depression do not want combined treatment, psychotherapy* alone could be a first choice, because psychotherapy* is at least as effective as pharmacotherapy in the short term and superior to pharmacotherapy in the long term. This recommendation might not apply to patients with a severe major depressive disorder having psychotic symptoms.

Strength of recommendation: Weak

Level of evidence: Very Low

*** The effect is currently only sufficiently studied for cognitive behavioural therapy**



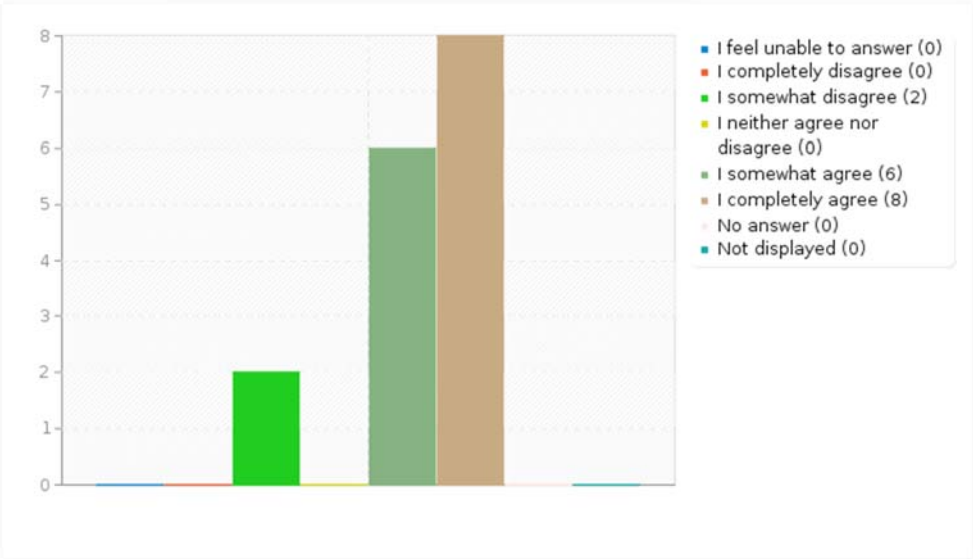
Summary for Q3

Antidepressant medication alone should be avoided as a treatment option for major depression in the symptomatic phase, because the combination of psychotherapy* and antidepressant medication has superior effect in the long term.

Strength of recommendation: Strong

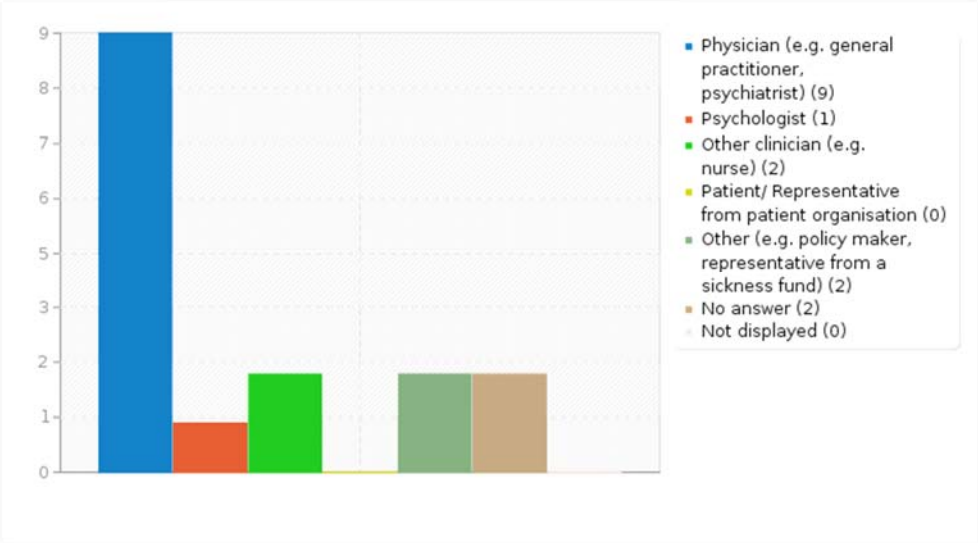
Level of evidence: Moderate

*** The effect is currently only sufficiently studied for cognitive behavioural therapy**



Summary Q6

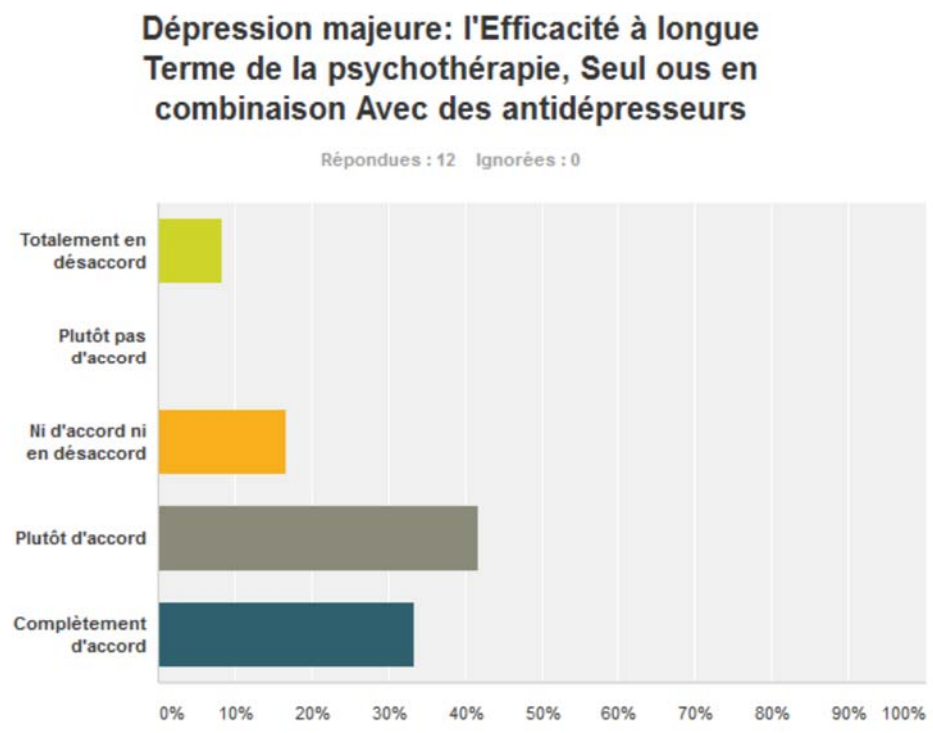
Please indicate what is most applicable to you:



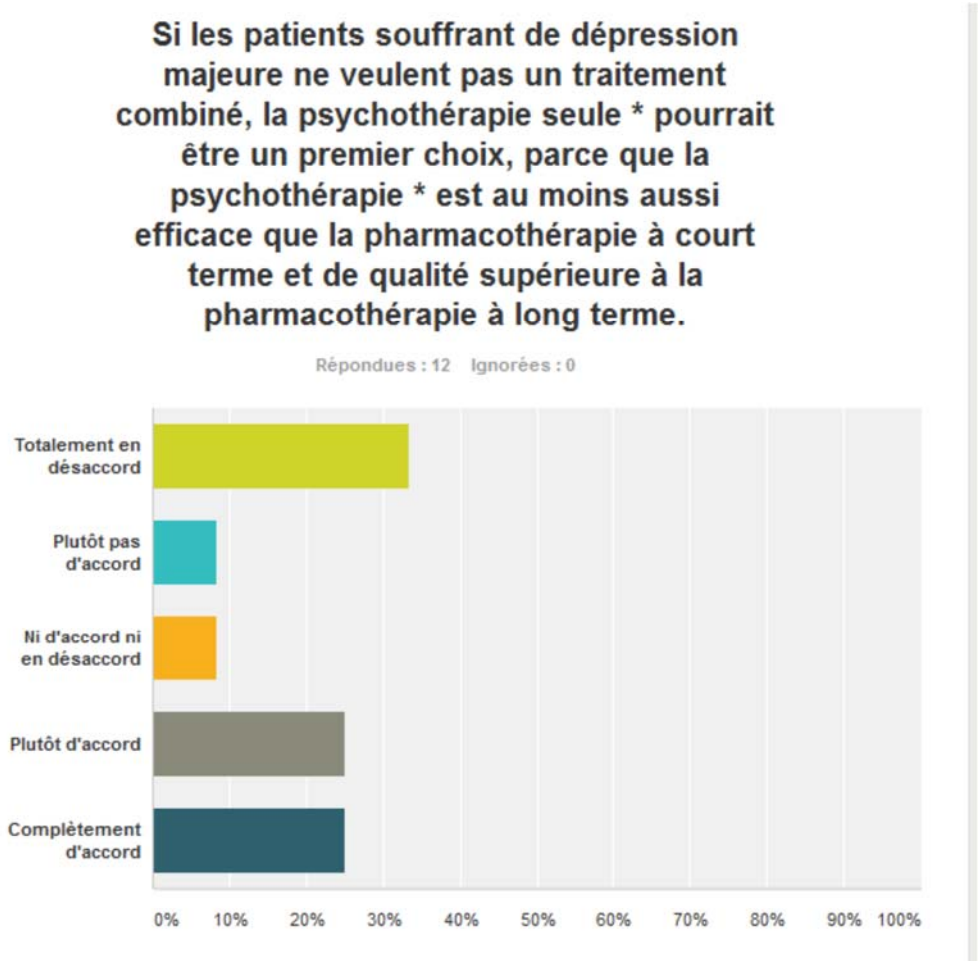
9.1.2. *Survey Psytoyens*

Additionally, at the stakeholder meeting representatives from the patient organisation “asbl Psytoyens” provided the results of the survey presented above, that they, on their own initiative, had translated to French and send out to their members.

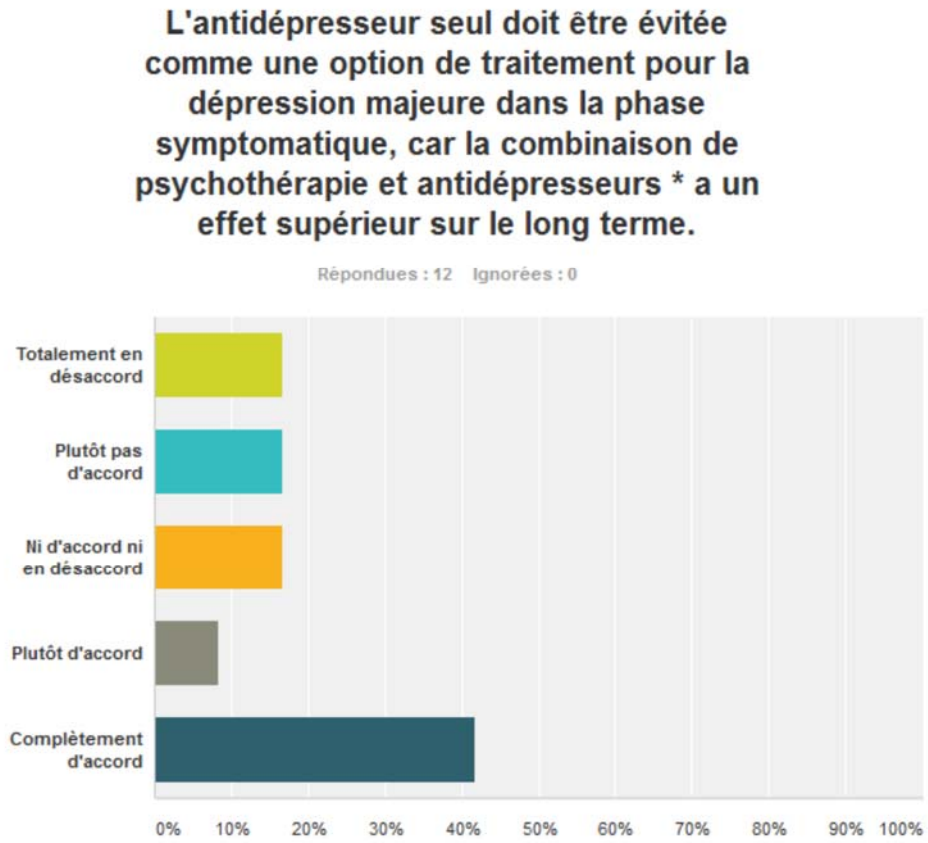
The results of the survey Psytoyens conducted are pasted below:



Choix de réponses	Réponses	
Totalement en désaccord	8,33%	1
Plutôt pas d'accord	0,00%	0
Ni d'accord ni en désaccord	16,67%	2
Plutôt d'accord	41,67%	5
Complètement d'accord	33,33%	4
Total		12


Si les patients souffrant de dépression majeure ne veulent pas un traitement combiné, la psychothérapie seule * pourrait être un premier choix, parce que la psychothérapie * est au moins aussi efficace que la pharmacothérapie à court terme et de qualité supérieure à la pharmacothérapie à long terme.
Répondues : 12 Ignorées : 0
Totalement en désaccord
Plutôt pas d'accord
Ni d'accord ni en désaccord
Plutôt d'accord
Complètement d'accord
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Choix de réponses	Réponses	
Totalement en désaccord	33,33%	4
Plutôt pas d'accord	8,33%	1
Ni d'accord ni en désaccord	8,33%	1
Plutôt d'accord	25,00%	3
Complètement d'accord	25,00%	3
Total		12


L'antidépresseur seul doit être évitée comme une option de traitement pour la dépression majeure dans la phase symptomatique, car la combinaison de psychothérapie et antidépresseurs * a un effet supérieur sur le long terme.
Répondues : 12 Ignorées : 0
Totalement en désaccord
Plutôt pas d'accord
Ni d'accord ni en désaccord
Plutôt d'accord
Complètement d'accord
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Choix de réponses	Réponses	
Totalement en désaccord	16,67%	2
Plutôt pas d'accord	16,67%	2
Ni d'accord ni en désaccord	16,67%	2
Plutôt d'accord	8,33%	1
Complètement d'accord	41,67%	5
Total		12

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