NKR 29. PICO 3: Psykoterapi som add-on.

Review information

Authors

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Citation example: S(HA. NKR 29. PICO 3: Psykoterapi som add-on.. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Characteristics of studies

Characteristics of included studies

Bellino 2006

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Psykoterapi add on farma ● *Dep. sværhedsgrad*: Hamilton 18.6 SD 1.8 Farma monobehandling ● *Dep. sværhedsgrad*: Hamilton 18.6 SD 1.8 **Included criteria:** onsecutive outpatients who received aDSM-IV-TR (36) diagnosis of BPD and then met criteria for amajor depressive episode (that is, mild to moderate). **Excluded criteria:** We excluded individuals with a lifetime diagnosis of delir-ium, dementia, amnestic or other cognitive disorders, schizo-phrenia or other psychotic disorders, and patients whosemajor depressive episode was an expression of bipolardisorder. **Pretreatment:** none
Interventions	**Intervention Characteristics** Psykoterapi add on farma Farma monobehandling
Outcomes	*Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Selvmordsadfærd, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Hospitalsindlæggelser (antal), Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"]

	Frafald/ All-cause discontinuation, Ved interventionens afslutning ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Recidivrate, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Livskvalitet* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] *Responsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Arbejdsfastholdelse, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Funktionsevne (aktivitet og deltagelse), Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"]
Identification	**Sponsorship source:** This study received no funding and no support **Country:** Italien **Setting:** **Comments:** **Authors name:** Bellino 2006 **Institution:** **Email:** **Address:**
Notes	*Birgitte Holm Petersen* on 31/08/2015 18:35 **Select** I: IPT *Britta Tendal* on 10/11/2015 04:32 **Continuous Outcomes** No follow-up only end of treatment (24 weeks). They report on a scale called Satisfaction profile which they say measure a combination of quality of life and social functioning, but only at end of treatment as they have no FU

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	KCE
Allocation concealment (selection bias)	Unclear risk	KCE
Blinding of participants and personnel (performance bias)	High risk	KCE
Blinding of outcome assessment (detection bias)	High risk	KCE

Incomplete outcome data (attrition bias)	High risk	KCE
Selective reporting (reporting bias)	Low risk	KCE
Other bias	Low risk	KCE

Blom 2007

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Psykoterapi add on farma ● *Dep. sværhedsgrad*: 21.9 Farma monobehandling ● *Dep. sværhedsgrad*: 21.9 **Included criteria:** 18 years or older, with nonpsychotic, nonbipolar MDD and a score >= 14 on the Hamilton Depression Rating Scale **Excluded criteria:** Substance abuse, a serious medical condition, organic psychiatric disorder, severe suicidality, history of psychotic disorder or schizophrenia, **Pretreatment:** None
Interventions	**Intervention Characteristics** Psykoterapi add on farma ● *Treatment length*: IPT, 12 sessions Farma monobehandling ● *Treatment length*: nefazodone, 12 weeks
Outcomes	*Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome ● **Notes**: Remission was neither the first or secondary outcome so not provided in any table. However, they describe that the remission rate (HAMD =< 8 at end of trial) was higher in the combination group than in the drug group alone as demonstrated by logistic regression analyses (see p. 294): for the ITT sample the adjusted OR (95% CI) = 3.22 (1.02-10.12), p=0.045. This indicates that the odds for being remitted was increased by a factor 3.22 in the combination group compared with the drug group only. *Selvmordsadfærd, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Frafald/ All-cause discontinuation, Ved interventionens afslutning* ● **Outcome type**: DichotomousOutcome *Funktionsevne (aktivitet og deltagelse), Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Recidivrate, Længste follow-up (min. ½ år)*

	● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** This study was supported by an unrestricted grant from Bristol-Myers Squibb and was partially supported by the Netherlands Organization for Scientific Research grant 451-02-058 to the third author. **Country:** The Netherlands **Setting:** Three sites participated in the study, all in an urban area. Two of the sites were community mental health clinics, the third an outpatient department of a psychiatric hospital. **Comments:** **Authors name:** Marc Blom **Institution:** Department of Mood Disorders, Parnassia Psychiatric Institute **Email:** m.blom@psyq.nl **Address:** Department of Mood Disorders, Parnassia Psychiatric InstituteLijnbaan 4NL−2512 VA The Hague (The Netherlands)
Notes	*Birgitte Holm Petersen* on 31/08/2015 18:38 **Select** I: IPT *Kamilla Miskowiak* on 07/10/2015 07:41 **Outcomes** Remission rate: this was neither the first or secondary outcome so not provided in any table. However, they describe that the remission rate (HAMD =< 8 at end of trial) was higher in the combination group than in the drug group alone as demonstrated by logistic regression analyses (see p. 294): for the ITT sample the adjusted OR (95% CI) = 3.22 (1.02-10.12), p=0.045. This indicates that the odds for being remitted was increased by a factor 3.22 in the combination group compared with the drug group only. SHOULD THE AUTHORS BE CONTACTED TO GET THE NUMBERS?

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	
Allocation concealment (selection bias)	Unclear risk	
Blinding of participants and personnel (performance bias)	Unclear risk	
Blinding of outcome assessment (detection bias)	Unclear risk	
Incomplete outcome data (attrition bias)	Unclear risk	
Selective reporting (reporting bias)	Unclear risk	
Other bias	Unclear risk	

deJonghe 2001

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Psykoterapi add on farma ● *Dep. sværhedsgrad*: 19.99 Farma monobehandling ● *Dep. sværhedsgrad*: 19.99 **Included criteria:** Age between 18 and 60 years, DSM-III-R-defined Major Depression (with or without dysthymia), a 17-item HDRS baseline score of at least 14 points and written informed consent **Excluded criteria:** Psycho-organic disorder, drug abuse, a psychotic and/or a dissociative disorder; not reliable; communicative problem, too suicidal/ill, contraindication for the antidepressants, treated adequately for current depression, psychotropic medication, pregnancy **Pretreatment:** Yes, better quality of life (QLDS) in the combination group than in the drug group at baseline. No other group differences.
Interventions	**Intervention Characteristics** Psykoterapi add on farma Farma monobehandling
Outcomes	*Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Frafald/ All-cause discontinuation, Ved interventionens afslutning* ● **Outcome type**: DichotomousOutcome *Funktionsevne (aktivitet og deltagelse), Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Recidivrate, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Livskvalitet, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** This study has been supported by an unrestricted grant from Eli Lilly Nederland. **Country:** Netherlands **Setting:** Outpatient clinic of the Psychiatrisch Ziekenhuis Amsterdam **Comments:** **Authors name:** F. de Jonghe **Institution:** Mentrum Mental Health Amsterdam **Email:** ts-psych@pi.net **Address:** Mentrum Mental Health Amsterdam, Department SPDC, Tweede

	Constantijn Huygenstraat 37, 1054 AG Amsterdam, The Netherlands
Notes	*Birgitte Holm Petersen* on 31/08/2015 18:39 **Select** I: dynamisk *Kamilla Miskowiak* on 07/10/2015 08:12 **Interventions** The table here is missing and I cannot create it. But here is the description of the interventions:Psychotherapy add on to pharma: Short Psychodynamic Supportive Psychotherapy (SPSP): 16 sessions over 24 weeks.Pharmacotherapy (mono): antidepressant drug treatment over 6 months, the protocol involves 3 consecutive steps if the patient doesn't respond: first SSRI, then TCA and finally RIMA. *Kamilla Miskowiak* on 07/10/2015 08:22 **Outcomes** NB! the values I have typed in are for week 24 (6 months) which was the end of treatment.I had to decide whether to provide the values for the ITT sample or the Observed Cases sample. I chose the ITT sample, given this is in line with the CONSORT guidelines - this is the golden standard for reporting results of RCTS.For the dropout rates given in Table 2, I am unsure if the rates are given in % or in numbers - it says % in the heading of the columns but if you calculate the e.g. 10% or N=57 in the combi group, that gives you 5.7 individuals which cannot be the case??!! Therefore I have typed in n=10 in the box.In the remissions table, I calculated the n based on % in table and total number in the group (N)We miss a table for quality of life (QLDS) and I am not allowed by the system to create one. So I have written them below:QLDS success - Week 24 (end of treatment)Combination group: n=35 out of a total of N=80 in this groupFarma mono group: n=18 out of a total of N=81 in this group

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	KCE
Allocation concealment (selection bias)	Unclear risk	KCE
Blinding of participants and personnel (performance bias)	High risk	KCE
Blinding of outcome assessment (detection bias)	High risk	KCE
Incomplete outcome data (attrition bias)	Low risk	KCE
Selective reporting (reporting bias)	Low risk	KCE
Other bias	Low risk	KCE

Hollon 1992

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Psykoterapi add on farma ● *Dep. sværhedsgrad*: Farma monobehandling ● *Dep. sværhedsgrad*: **Included criteria:** ambulante ptt. med ikke-psykotisk, ikke-bipolar depression:1. opfylder RDC's (Research Diagnostic Criteria) kriterier for "major depressive disorder"2. Scorer 20 eller mere på BDI (Beck Depression Inventory)3. Scorer 14 eller mere på Hamiltons rating scale (17 item version) **Excluded criteria:** 1. Tidligere eller aktuel RDC skizofreni-diagnose2. Aktuel diagnose med generaliseret angst, panikangst, fobisk angst eller OCD, såfremt disse lidelser dominerer billedet eller også er tilstede udenfor den aktuelle depressive episode3. RDC diagnose med alkoholisme eller stofmisbrug indenfor det sidste år4. Hallucinationer, vrangforestillinger eller stupor5. Suicidalrisiko som nødvendiggør umiddelbar hospitalsindlæggelse6. Anamnese eller laboratorieundersøgelser, som indebærer kontraindikation med imipraminbehandling.7. Manglende respons af imipraminbehandling indenfor de sidste 3 måneder.8. IQ mindre end 80 **Pretreatment:** 1. Farmakoterapi uden opfølgning2. Farmakoterapi med opfølgning3. Kognitiv terapi4. Farmakoterapi + kognitiv terapi
Interventions	**Intervention Characteristics** Psykoterapi add on farma Farma monobehandling
Outcomes	*Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Frafald/ All-cause discontinuation, Ved interventionens afslutning* ● **Outcome type**: DichotomousOutcome *Funktionsevne (aktivitet og deltagelse), Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Recidivrate, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Fald i HAM-(17 item) til under 6 og fald i BDI til under 9* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Scale**: Hamilton depressionsscala og Beck Depression Inventory ● **Range**: HDS under/lig med 6, BDI under/lig med 9 ● **Direction**: Lower is better

	● **Data value**: Endpoint
Identification	**Sponsorship source:** National Institute of Mental HealthRamsey Foundation **Country:** Minnesota, USA **Setting:** Department of Psychology, University of Minnesota, Minneapolis **Comments:** **Authors name:** Steven D Hollon, 1992 **Institution:** Department of Psychology, University of Minnesota, Minneapolis **Email:** **Address:**
Notes	*Birgitte Holm Petersen* on 31/08/2015 18:40 **Select** I. KAT

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	KCE
Allocation concealment (selection bias)	Unclear risk	KCE
Blinding of participants and personnel (performance bias)	High risk	KCE
Blinding of outcome assessment (detection bias)	High risk	KCE
Incomplete outcome data (attrition bias)	High risk	KCE
Selective reporting (reporting bias)	Low risk	KCE
Other bias	Low risk	KCE

Hollon 2014

Methods	**Study design:** **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Psykoterapi add on farma ● *Dep. sværhedsgrad*: 21.9 (4.0) Farma monobehandling ● *Dep. sværhedsgrad*: 21.9 (4.0) **Included criteria:** Inclusion criteria were (1) DSM-IVmajor depressive disorder (MDD)17 either chronic (episode duration ≥ 2 years) or recurrent (with an episode in the past 3 years if only the second episode), (2) 17-item Hamilton Rating Scale for Depression (HRSD) score of 14 or more, (3) age 18 years or older, (4) English speaking, and (5) willing and able to provide informed consent. **Excluded criteria:** Exclusion criteria were (1) history of bipolar disorder or nonaffective psychosis, (2) substance dependence in the past 3 months, (3)DSM-IV Axis I disorders requiring nonprotocol treatment, (4) DSM-IV Axis II disorders poorly suited to study treatments (antisocial, borderline, and

	schizotypal), (5) suicide risk requiring immediate hospitalization, (6) medical condition precluding the use of study medications (including pregnancy), (7) current medications that induce depression, or (8) mandated treatment or compensation issues. **Pretreatment:**
Interventions	**Intervention Characteristics** Psykoterapi add on farma ● *Characteristics (CBT, IPT, SPP)*: The therapists followed the procedures outlined in theoriginal treatment manual for CT of depression,24 augmentedwhen indicated for patients with comorbid Axis IIdisorders.25 The protocol called for 50-minute sessions to beheld twice weekly for at least the first 2 weeks, at least weeklythereafter during acute treatment, and then at least monthlyduring continuation. Therapists were free to vary the sessionfrequency to meet the needs of the patient. ● *Antal sessioner*: twice weekly for at least the first 2 weeks, at least weeklythereafter during acute treatment, and then at least monthlyduring continuation. Farma monobehandling ● *Characteristics (CBT, IPT, SPP)*: A principle-based algorithm was implemented that couldinvolve up to 4 different classes of ADMs and any of the augmenting or adjunctive agents commonly used in clinicalpractice. Dosages were raised as rapidly as possible and keptat maximum tolerated levels for at least 4 weeks. Treatmentin patients who exhibited only a partial response was augmentedwith additional medications, and treatment inthose who showed minimal response (or little additionalresponse following augmentation) was switched to anotherADM. ● *Antal sessioner*: weekly for the firstmonth, biweekly thereafterduring acute treatment, and monthly during continuation
Outcomes	*Livskvalitet, Længste FU (min. ½ år)* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Endpoint"] *Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Recidivrate, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Arbejdsfastholdelse, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Selvmordsadfærd, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Responsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"]

	Hospitalsindlæggelser (antal), Længste FU (min. ½ år) ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Frafald/ All-cause discontinuation, Ved interventionens afslutning* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Livskvalitet, Længste FU (min. ½ år)* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Endpoint"] *Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Recidivrate, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Arbejdsfastholdelse, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Selvmordsadfærd, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Responsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Hospitalsindlæggelser (antal), Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Frafald/ All-cause discontinuation, Ved interventionens afslutning* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"]
Identification	**Sponsorship source:** Funding/Support:This study was supported by grants MH60713 and MH01697 (K02) (Dr Hollon),MH60998 (Dr DeRubeis), and MH060768 (DrsFawcett and Zajecka) from the National Institute of Mental Health. Wyeth Pharmaceuticals provided venlafaxine, and Pfizer Inc provided sertraline for the trial. **Country:** USA **Setting:** Outpatients at research clinics at 3 university medical centers in the United States **Comments:** **Authors name:** Hollon, 2014 **Institution:** Department of Psychology, Vanderbilt University **Email:** steven.d.hollon@vanderbilt.edu **Address:** Department of Psychology, Vanderbilt University, Nashville, TN 37203

Notes	*Kamilla Miskowiak* on 10/09/2015 00:28 **Adverse Outcomes** Patients experienced fewer SAEs with ADM plus CT comparedwith ADM alone (49 vs 71; $\chi 1 = 5.76$; P = .02). The largestcategories were psychiatric hospitalization (19 vs 29) andmedical hospitalization (22 vs 31). Seven patients made suicideattempts: 3 in theADMplus CT group (twice by 1 person)and 4 in the ADM-alone group. Therewere no completed suicides.There was no significant difference in the rate at whichthose SAEs occurred once time to recovery was taken into account.

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Primær
Allocation concealment (selection bias)	Low risk	Primær
Blinding of participants and personnel (performance bias)	High risk	Primær
Blinding of outcome assessment (detection bias)	Unclear risk	Primær
Incomplete outcome data (attrition bias)	Low risk	Primær
Selective reporting (reporting bias)	Low risk	Primær
Other bias	Low risk	Primær

Macaskill 1996

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Psykoterapi add on farma ● *Dep. sværhedsgrad*: 26.1 Farma monobehandling ● *Dep. sværhedsgrad*: 26.1 **Included criteria:** Ambulante patienter mellem 18 og 65 årDSM-III-R diagnose "major depression"BDI score på 20 eller mereHAM-D (17-item) score på 14 eller mereDysfunctional Attitude Scale score på 155 eller mere **Excluded criteria:** epilepsi, organisk hjernesygdom, skizofreni, bipolar sygdom, antisocial personlighedNon-respons defineret som mindre end 25 % reduktion i HAM-D og BDI-score efter 10 uger fører til ekslusion. **Pretreatment:** Behandling med Lofepramin i 24 ugerBehandling med Lofepramin + rational-emotive terapi i 24 uger
Interventions	**Intervention Characteristics** Psykoterapi add on farma Farma monobehandling

Outcomes	*Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Frafald/ All-cause discontinuation, Ved interventionens afslutning* ● **Outcome type**: DichotomousOutcome *Funktionsevne (aktivitet og deltagelse), Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Recidivrate, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** uoplyst **Country:** United Kingdom **Setting:** **Comments:** **Authors name:** Norman D Macaskill **Institution:** Department of Psychotherapy, University of Leeds. **Email:** **Address:** 40 Clarendon Road, Leeds LS2 9PJ, UK
Notes	*Birgitte Holm Petersen* on 31/08/2015 18:42 **Select** I: lig KAT

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	KCE
Allocation concealment (selection bias)	Unclear risk	KCE
Blinding of participants and personnel (performance bias)	High risk	KCE
Blinding of outcome assessment (detection bias)	High risk	KCE
Incomplete outcome data (attrition bias)	Low risk	KCE
Selective reporting (reporting bias)	Low risk	KCE
Other bias	Low risk	KCE

Maina 2009

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**

Participants	**Baseline Characteristics** Psykoterapi add on farma ● *Dep. sværhedsgrad*: Farma monobehandling ● *Dep. sværhedsgrad*: **Included criteria:** Opfylder kriterierne for Depressiv enkeltepisode iflg. DSM-IV-TR.Baseline HAM-D under 15HAM-D under 7 efter ½ års behandling med enten farmakoterapi eller farmakoterapi + psykoterapi.Tilstedeværelse af fokale problemer eller nylig trigger i form af negativ life event18-65 år **Excluded criteria:** Mental retarderingAnamnese med organisk mental lidelse, psykose eller bipolar sygdomSvær akse II patologi (personlighedsforstyrrelser)Svær neurologisk eller fysisk sygdomMisbrugKontraindikationer mod de anvendte antidepressivaSufficient behandling af depression inden undersøgelses-startBehov for anden psykofarmaka end de i protokollen anførteSuicidalrisiko **Pretreatment:**
Interventions	**Intervention Characteristics** Psykoterapi add on farma ● *randomiseres til enten farmakoterapi eller farmakoterapi+psykoterapi. Patienter i remission efter ½ år indgår i studiet. Opfølgning i 4½ år, først ½ år i farmakoterapi, dernæst 48 måneder uden behandling.*: Farma monobehandling ● *randomiseres til enten farmakoterapi eller farmakoterapi+psykoterapi. Patienter i remission efter ½ år indgår i studiet. Opfølgning i 4½ år, først ½ år i farmakoterapi, dernæst 48 måneder uden behandling.*:
Outcomes	*Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Frafald/ All-cause discontinuation, Ved interventionens afslutning* ● **Outcome type**: DichotomousOutcome *Funktionsevne (aktivitet og deltagelse), Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Recidivrate, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Tid til recidiv og HAM-D score* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: HAM-D - CGI - GAF ● **Direction**: Lower is better ● **Data value**: Change from baseline

Identification	**Sponsorship source:** ingen **Country:** Italien **Setting:** **Comments:** **Authors name:** Guiseppe Maina **Institution:** Department of Neurosciences, Mood and Anxiety Disorders Unit, University of Turin, Turin, Italy **Email:** **Address:** University of Turin, Department ofNeurosciences, Via Cherasco 11 – 10126 Torino, Italy.
Notes	*Birgitte Holm Petersen* on 31/08/2015 18:42 **Select** I: dynamisk *Ellen Margrethe Christensen* on 12/10/2015 18:42 **Study Design** prospektiv, longitudinelt follow up over 2 år

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	KCE
Allocation concealment (selection bias)	Unclear risk	KCE
Blinding of participants and personnel (performance bias)	High risk	KCE
Blinding of outcome assessment (detection bias)	Unclear risk	KCE
Incomplete outcome data (attrition bias)	Low risk	KCE
Selective reporting (reporting bias)	Low risk	KCE
Other bias	Low risk	KCE

Maina 2010

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Psykoterapi add on farma ● *Dep. sværhedsgrad*: Farma monobehandling ● *Dep. sværhedsgrad*: BDT i 16 uger, opfølgning i 12 måneder ● *Dep. sværhedsgrad*: **Included criteria:** ambulante patienteraler over 18 årPatienten opfylder DSM-IV kriterier for pirmær OCD med "major depression"OCD-symptomer skal have

	været til stede i mindst 1 år før inklusion i undersøgelsenY-BOCS over/lig med 16 ved baselineHAM-D (17 item) over/lig med 15 ved baselineAccept af psykoterapeutisk behandlingTilstedeværelse af fokale problemer og/eller nylig udløsende livsbegivenhed **Excluded criteria:** a lifetime diagnosis of bipolar disorder, schizophrenia, other psychotic disorders, mental retardation or drug abuse;an organic brain syndrome or medical illness that would contraindicate the use of fluvoxamine or sertraline;a severe axis II psychopathology (cluster A personalitydisorder, antisocial personality disorder and borderline personalitydisorder according to the DSM-IV) that would contraindicate the treatment with BDT;pregnant or nursing women andwomen of childbearing potential not using adequate contraceptive measuresongoing psychological treatment. **Pretreatment:** 1. standard SSRI farmakoterapi2. standard SSRI farmakoterpi + brief dynamic therapy
Interventions	**Intervention Characteristics** Psykoterapi add on farma Farma monobehandling BDT i 16 uger, opfølgning i 12 måneder
Outcomes	*Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Frafald/ All-cause discontinuation, Ved interventionens afslutning* ● **Outcome type**: DichotomousOutcome *Funktionsevne (aktivitet og deltagelse), Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Recidivrate, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *primær: fald i HAM-D og Y-BOCS. sekundær: fald i CGI og GAF* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Direction**: Lower is better ● **Data value**: Change from baseline
Identification	**Sponsorship source:** ikke oplyst **Country:** Italien **Setting:** **Comments:** **Authors name:** Prof. Giuseppe Maina **Institution:** Department of Neurosciences, Mood and Anxiety Disorders Unit, University of Turin **Email:** giuseppemaina @ hotmail.com **Address:** Via Cherasco 11IT−10126 Turin (Italy)

Notes	*Birgitte Holm Petersen* on 31/08/2015 18:42 **Select** I: dynamisk

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	KCE
Allocation concealment (selection bias)	Unclear risk	KCE
Blinding of participants and personnel (performance bias)	High risk	KCE
Blinding of outcome assessment (detection bias)	High risk	KCE
Incomplete outcome data (attrition bias)	High risk	KCE
Selective reporting (reporting bias)	Low risk	KCE
Other bias	Low risk	KCE

Milgrom 2015

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Psykoterapi add on farma ● *Dep. sværhedsgrad: Edinburgh Postnatal Depression Scale (EPDS) screening score (SD)*: 17.2 (3.7) Farma monobehandling ● *Dep. sværhedsgrad: Edinburgh Postnatal Depression Scale (EPDS) screening score (SD)*: 17.2 (3.7) **Included criteria:** between 19 and 40 years of age, had an infant > 2 months and < 8 months of age, born after a full-term pregnancy, with no congenital abnormalities, a screening EPDS score of □ 13, DSM-IV diagnosis of a depressive disorder **Excluded criteria:** pregnancy; concurrent psychiatric disorder; antidepressant usage in past month; major allergy or drug allergy; substance abuse; non-response to sertraline or to adequate trials of two SSRIs; a predisposition to headache, migraine or nausea.... se note! **Pretreatment:** no
Interventions	**Intervention Characteristics** Psykoterapi add on farma ● *Characteristics (CBT, IPT, SPP)*: CBT plus Sertraline ● *Antal sessioner*: 12 Farma monobehandling ● *Characteristics (CBT, IPT, SPP)*: Sertraline (Zoloft, Pfizer Inc) monotherapy ● *Antal sessioner*: 12 weeks

Outcomes	*Livskvalitet, Længste FU (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome ● **Unit of measure**: BDI (< 13 is remission) ● **Direction**: Lower is better ● **Notes**: Number of subjects not provided. The % in remission estimated based on figure 4. It is however unclear if the percentage is based on the numbers randomised or the numbers who actually complied with the treatment - i,e, N=16 in combi/ or the 11 who complied - and for the monotherapy group the N=15 randomised or 10 who complied....I have based the calculation of the number in remission on the number of randomised patients. *Recidivrate, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Arbejdsfastholdelse, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Responsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Frafald/ All-cause discontinuation, Ved interventionens afslutning* ● **Outcome type**: DichotomousOutcome ● **Notes**: These participants failed to comply with the allocated treatment *Livskvalitet, Længste FU (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Recidivrate, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Arbejdsfastholdelse, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Responsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Frafald/ All-cause discontinuation, Ved interventionens afslutning* ● **Outcome type**: DichotomousOutcome

Identification	**Sponsorship source:** The study was funded through a grant from Pfizer Inc. and by theKinsman Fund. Neither funding body had any input into the studydesign, the analysis or interpretation of results, or the decision topublish the findings. **Country:** Australia **Setting:** Maternal and Child Health Centres in Melbourne, Victoria. **Comments:** **Authors name:** Milgrom **Institution:** Parent-Infant Research Institute , Department of Clinical & Health Psychology, Heidelberg Repatriation Hospital and Melbourne School of Psychological Sciences, University of Melbourne **Email:** jeannette.milgrom@austin.org.au **Address:** Parent-Infant Research Institute , Department of Clinical & Health Psychology, Heidelberg Repatriation Hospital, Heidelberg West, Australia and Melbourne School of Psychological Sciences, University of Melbourne, Melbourne, Australia
Notes	*Kamilla Miskowiak* on 06/10/2015 18:46 **Population** Exclusion criteria (could not be entered into the exclusion criteria box): pregnancy; concurrent psychiatric disorder; antidepressant usage in past month; major allergy or drug allergy; substance abuse; non-response to sertraline or to adequate trials of two SSRIs; a predisposition to headache, migraine or nausea; tobacco habit in excess of 10 cigarettes per day; caffeine consumption in excess; ongoing dental work; psychotic depression; or suicidal intent; participation in medical trial within the previous 3 months; unwilling a priori to engage in either of the mono-therapies or in the combination therapy

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Primær
Allocation concealment (selection bias)	Low risk	Primær
Blinding of participants and personnel (performance bias)	High risk	Primær
Blinding of outcome assessment (detection bias)	Unclear risk	Primær
Incomplete outcome data (attrition bias)	Low risk	Primær
Selective reporting (reporting bias)	Low risk	Primær
Other bias	Low risk	Primær

Miller 1989

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**

Participants	**Baseline Characteristics** Psykoterapi add on farma ● *Dep. sværhedsgrad*: Farma monobehandling ● *Dep. sværhedsgrad*: **Included criteria:** diagnosis of major depressive disorder according to the Diagnostic Interview Schedule (20),Beck Depression Inventory (21) score greater than 17Modified Hamilton Rating Scale for Depression (17-item) score greater than 17age between 18 and 65 years. **Excluded criteria:** a concurrent diagnosis of bipolar disorder, alcohol dependence or drug dependence, schizophrenia, somatization disorder, antisocial personality disorder, or organic brain syndromemedical illness of a type or severity that might contraindicate administration of tricyclic antidepressants or might produce substantial depressive symptomsrecent use of medication known to result in depressive symptoms. **Pretreatment:**
Interventions	**Intervention Characteristics** Psykoterapi add on farma Farma monobehandling
Outcomes	*Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Frafald/ All-cause discontinuation, Ved interventionens afslutning* ● **Outcome type**: DichotomousOutcome *Funktionsevne (aktivitet og deltagelse), Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Recidivrate, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *BDI, HAM-D, suicidalscala* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Direction**: Lower is better ● **Data value**: Endpoint *BDI, HAM-D, suicidal-skala* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: BDI, HAM-D, suicidal-skala ● **Direction**: Lower is better ● **Data value**: Endpoint

Identification	**Sponsorship source:** NIMH, Biomedical Research, Support Grant RR-058 17 to Butler Hospital from NIH,A grant from the Firan Foundation. **Country:** Rhode Island, USA **Setting:** **Comments:** **Authors name:** Ivan W. Miller **Institution:** Department of Psychiatry and Human Behavior, Brown University and Butler Hospital, **Email:** **Address:** Butler Hospital, 345 Blackstone Blvd., Providence, RI 02906.
Notes	*Birgitte Holm Petersen* on 31/08/2015 18:42 **Select** I. KAT

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	KCE
Allocation concealment (selection bias)	Unclear risk	KCE
Blinding of participants and personnel (performance bias)	High risk	KCE
Blinding of outcome assessment (detection bias)	High risk	KCE
Incomplete outcome data (attrition bias)	High risk	KCE
Selective reporting (reporting bias)	Low risk	KCE
Other bias	Low risk	KCE

Schramm 2007

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Psykoterapi add on farma ● *Dep. sværhedsgrad*: Farma monobehandling ● *Dep. sværhedsgrad*: 5 ugers IPT, opfølgning efter 3 og 12 måneder ● *Dep. sværhedsgrad*: **Included criteria:** 18 and 65 years of age1. primary diagnosis of major depression (single-episode, recurrent, or bipolar II) according to the Structured Clinical Interview for DSM-IV (17) (SCID)2. score of ≥ 16 on the 17-item version of the Hamilton Depression Rating Scale (HAMD) **Excluded criteria:** 1) concurrent diagnosis of bipolar I disorder, primary substance abuse or dependency, other primary axis I disorders, mental disorder

	because of organic factors, and borderline or antisocial personality disorder; 2) psychotic symptoms; 3) severe cognitive impairment; 4) contraindications to the study medication; 5) being actively suicidal. **Pretreatment:**
Interventions	**Intervention Characteristics** Psykoterapi add on farma Farma monobehandling 5 ugers IPT, opfølgning efter 3 og 12 måneder
Outcomes	*Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Frafald/ All-cause discontinuation, Ved interventionens afslutning* ● **Outcome type**: DichotomousOutcome *Funktionsevne (aktivitet og deltagelse), Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Recidivrate, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *ændring i Ham-D, BDI, GAF* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** German Research Society, Bonn, Germany. **Country:** Tyskland **Setting:** **Comments:** **Authors name:** Elisabeth Schramm **Institution:** Departments of Psychiatry, Psychotherapy, and Psychology, University of Freiburg, Freiburg, Germany **Email:** Elisabeth.Schramm@uniklinik-freiburg.de **Address:** University Medical Center Freiburg, Department of Psychiatry and Psychotherapy, Hauptstrasse 5, 79104 Freiburg, Germany;
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	KCE
Allocation concealment (selection bias)	High risk	KCE
Blinding of participants and personnel (performance bias)	High risk	KCE

Blinding of outcome assessment (detection bias)	High risk	KCE
Incomplete outcome data (attrition bias)	High risk	KCE
Selective reporting (reporting bias)	Low risk	KCE
Other bias	Low risk	KCE

Schramm 2008

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Psykoterapi add on farma ● *Dep. sværhedsgrad*: Farma monobehandling ● *Dep. sværhedsgrad*: **Included criteria:** 18 to 65 year old inpatientsA minimum score of 16 on the 17-item version of the Hamilton Rating Scale for DepressionDiagnosis of MDD according to the Structured Clinical Interview for DSM IV **Excluded criteria:** A history of bipolar I disorder or psychotic symptoms, substance dependency, a mental disorder due to organic factors, a borderline or antisocial personality disorder or if they had another Axis I diagnosis that was primary.Contraindications to the study medicationActively suicidal **Pretreatment:**
Interventions	**Intervention Characteristics** Psykoterapi add on farma Farma monobehandling
Outcomes	*Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Frafald/ All-cause discontinuation, Ved interventionens afslutning* ● **Outcome type**: DichotomousOutcome *Funktionsevne (aktivitet og deltagelse), Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Recidivrate, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Reduktion i HAM-D* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Direction**: Lower is better ● **Data value**: Endpoint

	Respons, Efter endt behandling ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** German Research Society, Bonn, Germany **Country:** Tyskland **Setting:** **Comments:** **Authors name:** Elisabeth Schramm **Institution:** Department of Psychiatry and Psychotherapy, University of Freiburg, Germany **Email:** Elisabeth.Schramm@uniklinik-freiburg.de **Address:** Department of Psychiatry and Psychotherapy, University of Freiburg, Germany
Notes	*Birgitte Holm Petersen* on 31/08/2015 18:49 **Select** I: IPT

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	KCE
Allocation concealment (selection bias)	High risk	KCE
Blinding of participants and personnel (performance bias)	High risk	KCE
Blinding of outcome assessment (detection bias)	High risk	KCE
Incomplete outcome data (attrition bias)	High risk	KCE
Selective reporting (reporting bias)	High risk	KCE
Other bias	Low risk	KCe

Simons 1986

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Psykoterapi add on farma ● *Dep. sværhedsgrad*: Farma monobehandling ● *Dep. sværhedsgrad*: **Included criteria:** age between 18 and 60 yearsfulfill diagnostic criteria for primary affective disorder (unipolar, depressed type), score 20 or higher on the BDIscore 14 or higher on the Hamilton Rating Scale for Depression (HRSD)12 (17-item version). diagnosis of primary affective disorder was made using the National Institute of Mental Health Diagnostic Interview Schedule. **Excluded criteria:** in need of hospitalizationcurrently receiving psychotropic

	medicationunwilling to accept random assignment to one of four groups **Pretreatment:**
Interventions	**Intervention Characteristics** Psykoterapi add on farma Farma monobehandling
Outcomes	*Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Frafald/ All-cause discontinuation, Ved interventionens afslutning* ● **Outcome type**: DichotomousOutcome *Funktionsevne (aktivitet og deltagelse), Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Recidivrate, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *ændring i BDI* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Data value**: Endpoint ● **Notes**: opfølgning efter 1 md, 6 md, 1 år
Identification	**Sponsorship source:** the National Institute of Mental Health, Bethesda, Md. **Country:** Pennsylvania, USA **Setting:** **Comments:** **Authors name:** Anne D. Simons **Institution:** Western Psychiatric Institute and Clinic and the Department of Psychiatry, University of Pittsburgh School of Medicine (Dr Simons), and the Department of Psychiatry, Washington University School of Medicine,St Louis (Drs Murphy, Levine, and Wetzel). **Email:** **Address:** Western Psychiatric Institute and Clinic, 3811O'Hara St, Pittsburgh, PA 15213.
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	KCE
Allocation concealment (selection bias)	Unclear risk	KCE
Blinding of participants and personnel (performance bias)	High risk	KCE
Blinding of outcome assessment (detection bias)	High risk	KCE

Incomplete outcome data (attrition bias)	Low risk	KCE
Selective reporting (reporting bias)	Low risk	KCE
Other bias	Low risk	KCE

Sirey 2005

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Psykoterapi add on farma ● *Dep. sværhedsgrad*: Hamilton 23.1 SD 6.1 Farma monobehandling ● *Dep. sværhedsgrad*: Hamilton 23.1 SD 6.1 **Included criteria:** MDD (SCID),HRSD≥ 17 **Excluded criteria:** cognitiveimpairment (MMHE), otherADM therapy **Pretreatment:**
Interventions	**Intervention Characteristics** Psykoterapi add on farma Farma monobehandling
Outcomes	*Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Frafald/ All-cause discontinuation, Ved interventionens afslutning* ● **Outcome type**: DichotomousOutcome *Recidivrate, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Livskvalitet, Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Responsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Arbejdsfastholdelse, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** National Alliancefor Research inSchizophrenia and Affective Disorders, NIMH **Country:** US **Setting:** **Comments:** **Authors name:** Sirey 2005

	Institution: **Email:** **Address:**
Notes	*Birgitte Holm Petersen* on 31/08/2015 18:52 **Select** I: lig KAT

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	KCE
Allocation concealment (selection bias)	Unclear risk	KCE
Blinding of participants and personnel (performance bias)	High risk	KCE
Blinding of outcome assessment (detection bias)	High risk	KCE
Incomplete outcome data (attrition bias)	Unclear risk	KCE
Selective reporting (reporting bias)	Low risk	KCE
Other bias	Low risk	KCE

Weissman 1981

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Psykoterapi add on farma ● *Dep. sværhedsgrad*: Farma monobehandling ● *Dep. sværhedsgrad*: **Included criteria:** diagnosis of nonbipolar,non-psychotic acuteprimary MD according toSADS and RDC **Excluded criteria:** otherpredominant disorders,organic brain syndrome,alcohol abuse,schizophrenia, mania, nonrespondersto previousweekly psychotherapy **Pretreatment:**
Interventions	**Intervention Characteristics** Psykoterapi add on farma Farma monobehandling
Outcomes	*Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome

	Frafald/ All-cause discontinuation, Ved interventionens afslutning ● **Outcome type**: DichotomousOutcome *Recidivrate, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Livskvalitet* ● **Outcome type**: ContinuousOutcome *Responsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Arbejdsfastholdelse, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** Clinical ResearchBranch, National Instituteof Mental Health **Country:** US **Setting:** **Comments:** Artiklen har kun data på 1 års FU, artikel på end of treatment er bestilt, men ikke i hus endnu.OBS Selvmordsadfærd= suicide attempts og suicide.Der er en social adjustment scale , der indeholder en subscale med 'Work' måske kan den bruges? **Authors name:** Weissman 1981 **Institution:** **Email:** **Address:**
Notes	*Birgitte Holm Petersen* on 31/08/2015 18:53 **Select** I: IPT *Britta Tendal* on 11/11/2015 02:53 **Outcomes** Selvmordsadfærd= suicide attempts og suicide *Britta Tendal* on 11/11/2015 02:57 **Included** Mangler et paper på end of treatment, den er bestilt

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	KCE
Allocation concealment (selection bias)	Unclear risk	KCE
Blinding of participants and personnel (performance bias)	High risk	KCE
Blinding of outcome assessment (detection bias)	High risk	KCE
Incomplete outcome data (attrition bias)	High risk	KCE
Selective reporting (reporting bias)	Low risk	KCE

Other bias	Low risk	KCE

Wiles 2013

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Psykoterapi add on farma ● *Dep. sværhedsgrad (BDI score)*: 31.8 Farma monobehandling ● *Dep. sværhedsgrad (BDI score)*: 31.8 **Included criteria:** Aged 18–75 years, adherence to an adequate dose of antidepressant medication for at least 6 weeks and had a Beck depression inventory (BDI-II) 17 score of >=14. ICD-10 criteria for a depressive episode **Excluded criteria:** bipolar disorder, psychotic disorder, major alcohol or substance abuse, were unable to complete the questionnaires; or were pregnant, receiving CBT or other psychotherapy for their depression, or who received CBT in the past 3 years, part of other study **Pretreatment:** The intervention group included more men, more individuals in paid employment and more who reported financial difficulty,fewer individuals with caring responsibilities or longstanding illness or disability, and better physical function
Interventions	**Intervention Characteristics** Psykoterapi add on farma ● *Characteristics (CBT, IPT, SPP)*: CBT ● *Antal sessioner*: 12-18 Farma monobehandling ● *Characteristics (CBT, IPT, SPP)*: Usual care in GP ● *Antal sessioner*:
Outcomes	*Livskvalitet, Længste FU (min. ½ år)* ● **Outcome type**: ContinuousOutcome ● **Scale**: SF-12 mental subscale ● **Direction**: Higher is better *Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Recidivrate, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Arbejdsfastholdelse, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Responsrate, Efter endt behandling*

	● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Frafald/ All-cause discontinuation, Ved interventionens afslutning* ● **Outcome type**: DichotomousOutcome *Livskvalitet, Længste FU (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Recidivrate, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Arbejdsfastholdelse, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Responsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Frafald/ All-cause discontinuation, Ved interventionens afslutning* ● **Outcome type**: DichotomousOutcome *Livskvalitet physical subscale of SF* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: SF ● **Direction**: Higher is better
Identification	**Sponsorship source:** National Institute for Health Research Health Technology Assessment (The funding source had no role in study design, datacollection, data analysis, interpretation of data, or writing of the report) **Country:** United Kingdom **Setting:** In patient's general practice surgery or at nearby National Health Service (NHS) or university premises **Comments:** **Authors name:** Nicola Wiles **Institution:** Centre for Mental Health, Addiction and Suicide Research, School of Socialand Community Medicine, University of Bristol **Email:** nicola.wiles@bristol.ac.uk **Address:** Oakfield House, Oakfield Grove, Clifton, Bristol BS8 2BN, UK
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Primær
Allocation concealment (selection bias)	Low risk	Primær
Blinding of participants and personnel (performance bias)	High risk	Primær
Blinding of outcome assessment (detection bias)	High risk	Primær
Incomplete outcome data (attrition bias)	Low risk	Primær
Selective reporting (reporting bias)	Low risk	Primær
Other bias	Low risk	Primær

Zu 2014

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Psykoterapi add on farma ● *Dep. sværhedsgrad*: HAMD 25.1 (SD 6) Farma monobehandling ● *Dep. sværhedsgrad*: HAMD 25.1 (SD 6) **Included criteria:** (1) a diagnosis of non-psychotic DSM-IV MDD ascertained by the Mini InternationalNeuropsychiatric Interview (MINI) (Sheehan et al., 1998;Si et al.,2009); (2) age between 17 and 60 years; (3) length of illness lessthan 1 year; (4) total score of the 17-item Hamilton Rating Scalefor Depression (HAMD)−Chinese version (Hamilton, 1960;Xieand Shen, 1984)Z17 (moderate−severe depression); (5) Ability tocommunicate and provide a written consent form; and (6) havingat least one family member cohabitating with the patient **Excluded criteria:** Exclusion criteria included (1) current or past historyof any other psychiatric disorders including drug and alcoholicdependence; (2) ongoing acute medical and neurological condi-tions; (3) lack of response to citalopram, sertraline, or paroxetineand CBT in the past; (4) taking an antipsychotic medication ormood stabilizer; and (5) having suicidal ideation, suicide plan orattempt in the current depressive episode **Pretreatment:** No
Interventions	**Intervention Characteristics** Psykoterapi add on farma ● *Characteristics (CBT, IPT, SPP)*: Same medications as the the medication only group and as an add-on: Patients received a 24-week individual CBT program that consisted of 20 sessions witheach session lasting 1 h: Sessions 1−2: introduction to the CBTProgram and the therapeutic setting. Session 3: establishment of thetherapeutic goal and plan (Rector et al., 1999); Session 4: under-standing patterns of automatic thoughts and behaviors. Session 5:understanding and controlling anxious symptoms. Sessions 6−8:restructure of automatic thoughts (Beck et al.,

	1979;Overholser,1995). Sessions 9−13: recognizing, challenging and remedying theschema (Beck et al.,1979). Sessions 14−16: identifying warning signsof relapse and keeping track of warning signs (Hollon et al., 1992;Persons, 1993). Sessions 17−19: consolidate stage of the treatmenteffect (Teasdale et al., 1995). Session 20: review of the treatmentprocess, gains and shortcoming of the therapy. Sessions 1−3 takingplace in week 1, sessions 4−9 in weeks 2−4, sessions 10−15 in weeks5−10 and Sessions 16−20 in weeks 11−24 ● *Antal sessioner*: 20 Farma monobehandling ● *Characteristics (CBT, IPT, SPP)*: Patients in the MED and the COMB groups received eithercitalopram (20−60 mg/day), escitalopram (10−20 mg/day), parox-etine (20−60 mg/day) or sertraline (25−100 mg/day) within thetherapeutic dose ranges recommended by the Guidelines for thePrevention and Treatment of Major Depression in China (ChineseMedical Association, 2003). The prescription decision was made bythe treating psychiatrist based on their preference. For patients inthe MED and COMB groups, doses of antidepressants wereincreased to the recommended therapeutic dose range by week2; the optimal dose was determined by the treating psychiatrist,but it had to be within the above-recommended dose ranges.Patients who had been receiving a different antidepressant atstudy entry had their previous medications tapered off during thefirst week while the assigned study medication was graduallyintroduced. No other psychotropic medications were prescribedwith the exception of short-acting benzodiazepines for agitation,anxiety and insomnia. Benzodiazepines were used as sparingly aspossible. Other medications not affecting the central nervoussystem were also allowed ● *Antal sessioner*: 0
Outcomes	*Livskvalitet, Længste FU (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Recidivrate, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Arbejdsfastholdelse, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Responsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Frafald/ All-cause discontinuation, Ved interventionens afslutning* ● **Outcome type**: DichotomousOutcome

	Livskvalitet, Længste FU (min. ½ år) ● **Outcome type**: ContinuousOutcome *Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Recidivrate, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Arbejdsfastholdelse, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Responsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste FU (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Frafald/ All-cause discontinuation, Ved interventionens afslutning* ● **Outcome type**: DichotomousOutcome *Arbejds- og social tilpasning (WSAS)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Direction**: Lower is better
Identification	**Sponsorship source:** This study was funded by the National Key Scientific and Technological Projects for the 11th 5-Year from the Ministry of Science and Technology of China (Project Title: Early Diagnostic Assessment and Standardized Treatment Approach forDepression; No. 2007BAI17B05) and the Project of the Beijing Municipal Science andTechnology Commission (Grant no. D090507046410011) **Country:** China **Setting:** Outpatients from a university-affliated teaching hospital in Beijing **Comments:** No protocol available **Authors name:** Two first author Si Zu and Yu-Tao Xiang (contact) **Institution:** Department of Psychiatry, Chinese University of Hong Kong **Email:** xyutly@gmail.com, lizhj8@ccmu.edu.cn **Address:** Department of Psychiatry, Chinese University of Hong Kong, Ground Floor,Multicentre, Tai Po Hospital, Tai Po, N.T., Hong Kong,China.
Notes	*Britta Tendal* on 04/11/2015 20:44 **Outcomes** WSAS Jeg har taget final værdier, der er også rapporteret change

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Primær
Allocation concealment (selection bias)	Unclear risk	Primær
Blinding of participants and personnel (performance bias)	Unclear risk	Not assessed?
Blinding of outcome assessment (detection bias)	High risk	Primær
Incomplete outcome data (attrition bias)	High risk	Primær
Selective reporting (reporting bias)	Low risk	Primær
Other bias	Low risk	Primær

Footnotes

References to studies

Included studies

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[Empty]

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Data and analyses

1 Psykoterapi add on farma vs Farma monobehandling

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Livskvalitet, Længste follow-up (min. ½ år)	1	389	Mean Difference (IV, Fixed, 95% CI)	3.50 [0.85, 6.15]
1.2 Livskvalitet	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.3 Funktionsevne (aktivitet og deltagelse), Længste follow-up (min. ½ år)	1	68	Mean Difference (IV, Fixed, 95% CI)	1.90 [-1.83, 5.63]
1.4 Reduktion i HAM-D	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.5 BDI, HAM-D, suicidalscala	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.6 BDI, HAM-D, suicidal-skala	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.7 primær: fald i HAM-D og Y-BOCS. sekundær: fald i CGI og GAF	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.8 ændring i Ham-D, BDI, GAF	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.9 Tid til recidiv og HAM-D score	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.10 Remissionsrate, Efter endt behandling	13		Risk Ratio (IV, Random, 95% CI)	Subtotals only
1.10.1 Efter endt behandling	13	1244	Risk Ratio (IV, Random, 95% CI)	1.29 [1.10, 1.51]
1.11 Selvmordsadfærd, Længste FU (min. ½ år)	4		Risk Ratio (IV, Random, 95% CI)	Subtotals only
1.11.1 Baseline	4	601	Risk Ratio (IV, Random, 95% CI)	0.89 [0.34, 2.35]

1.12 Hospitalsindlæggelser (antal), Længste FU (min. ½ år)	3		Risk Ratio (IV, Random, 95% CI)	Subtotals only
1.12.1 Baseline	3	523	Risk Ratio (IV, Random, 95% CI)	0.63 [0.38, 1.06]
1.13 Frafald/ All-cause discontinuation, Ved interventionens afslutning	9		Risk Ratio (IV, Random, 95% CI)	Subtotals only
1.13.1 End of treatment week 12	9	1637	Risk Ratio (IV, Random, 95% CI)	0.78 [0.58, 1.04]
1.14 Recidivrate, Længste follow-up (min. ½ år)	6		Risk Ratio (IV, Random, 95% CI)	Subtotals only
1.14.1 Baseline	6	363	Risk Ratio (IV, Random, 95% CI)	0.55 [0.38, 0.81]
1.15 Responsrate, Efter endt behandling	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.16 Arbejdsfastholdelse, Længste follow-up (min. ½ år)	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.17 Funktionsevne (aktivitet og deltagelse), Længste FU (min. ½ år)	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.18 ændring i BDI	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.19 Respons, Efter endt behandling	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.20 Fald i HAM-(17 item) til under 6 og fald i BDI til under 9	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.21 Livskvalitet, Længste follow-up (min. ½ år)	1		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.21.1 Længste follow-up (min. ½ år)	1		Risk Ratio (IV, Fixed, 95% CI)	No totals

Figures

Figure 1 (Analysis 1.13)

Study or Subgroup	Psykoterapi add on farma Events	Total	Farma monobehandling Events	Total	Weight	Risk Ratio IV, Random, 95% CI
1.13.1 End of treatment week 12						
Bellino 2006	3	19	4	20	3.8%	0.79 [0.20, 3.07]
deJonghe 2001	10	57	23	72	10.1%	0.55 [0.28, 1.06]
Hollon 1992	9	25	25	57	11.0%	0.82 [0.45, 1.49]
Hollon 2014	40	227	55	225	15.6%	0.72 [0.50, 1.04]
Maina 2010	4	27	3	30	3.6%	1.48 [0.36, 6.03]
Schramm 2007	10	63	9	61	7.8%	1.08 [0.47, 2.46]
Sirey 2005	15	21	10	24	12.0%	1.71 [0.99, 2.96]
Wiles 2013	14	234	13	235	9.0%	1.08 [0.52, 2.25]
Zu 2014	17	60	35	60	13.7%	0.49 [0.31, 0.77]
Zu 2014	16	60	34	60	13.3%	0.47 [0.29, 0.76]
Subtotal (95% CI)		**793**		**844**	**100.0%**	**0.78 [0.58, 1.04]**
Total events	138		211			

Heterogeneity: Tau² = 0.11; Chi² = 19.58, df = 9 (P = 0.02); I² = 54%
Test for overall effect: Z = 1.68 (P = 0.09)

Favours psy

Risk of bias legend
(**A**) Random sequence generation (selection bias)
(**B**) Allocation concealment (selection bias)
(**C**) Blinding of participants and personnel (performance bias)
(**D**) Blinding of outcome assessment (detection bias)
(**E**) Incomplete outcome data (attrition bias)
(**F**) Selective reporting (reporting bias)
(**G**) Other bias

Forest plot of comparison: 1 Psykoterapi add on farma vs Farma monobehandling, outcome: 1.13 Frafald/ All-cause discontinuation, Ved interventionens afslutning.

Figure 2 (Analysis 1.1)

Study or Subgroup	Psykoterapi add on farma Mean	SD	Total	Farma monobehandling Mean	SD	Total	Weight	Mean Difference IV, Fixed, 95% CI
Wiles 2013	44.6	13.2	194	41.1	13.5	195	100.0%	3.50 [0.85, 6.15]
Total (95% CI)			**194**			**195**	**100.0%**	**3.50 [0.85, 6.15]**

Heterogeneity: Not applicable
Test for overall effect: Z = 2.59 (P = 0.010)

Favours p

Risk of bias legend
(**A**) Random sequence generation (selection bias)
(**B**) Allocation concealment (selection bias)
(**C**) Blinding of participants and personnel (performance bias)
(**D**) Blinding of outcome assessment (detection bias)
(**E**) Incomplete outcome data (attrition bias)
(**F**) Selective reporting (reporting bias)
(**G**) Other bias

Forest plot of comparison: 1 Psykoterapi add on farma vs Farma monobehandling, outcome: 1.1 Livskvalitet, Længste follow-up (min. ½ år).

Figure 3 (Analysis 1.3)

Study or Subgroup	Psykoterapi add on farma Mean	SD	Total	Farma monobehandling Mean	SD	Total	Weight	Mean Difference IV, Fixed, 95% CI
Zu 2014	11.8	2	43	9.9	9.4	25	100.0%	1.90 [-1.83, 5.63]
Total (95% CI)			**43**			**25**	**100.0%**	**1.90 [-1.83, 5.63]**

Heterogeneity: Not applicable
Test for overall effect: Z = 1.00 (P = 0.32)

Favours p

Risk of bias legend
(**A**) Random sequence generation (selection bias)
(**B**) Allocation concealment (selection bias)
(**C**) Blinding of participants and personnel (performance bias)
(**D**) Blinding of outcome assessment (detection bias)
(**E**) Incomplete outcome data (attrition bias)
(**F**) Selective reporting (reporting bias)
(**G**) Other bias

Forest plot of comparison: 1 Psykoterapi add on farma vs Farma monobehandling, outcome: 1.3 Funktionsevne (aktivitet og deltagelse), Længste follow-up (min. ½ år).

Figure 4 (Analysis 1.10)

Study or Subgroup	Psykoterapi add on farma Events	Total	Farma monobehandling Events	Total	Weight	Risk Ratio IV, Random, 95% CI
1.10.1 Efter endt behandling						
Bellino 2006	12	16	10	16	8.9%	1.20 [0.75, 1.93]
deJonghe 2001	31	83	13	84	6.5%	2.41 [1.36, 4.28]
Hollon 1992	13	25	19	57	7.5%	1.56 [0.92, 2.64]
Hollon 2014	158	227	138	225	34.0%	1.13 [0.99, 1.30]
Maina 2009	41	64	51	83	21.1%	1.04 [0.81, 1.34]
Maina 2010	26	25	31	29		Not estimable
Milgrom 2015	2	16	0	15	0.3%	4.71 [0.24, 90.69]
Miller 1989	15	22	3	9	2.5%	2.05 [0.78, 5.38]
Schramm 2008	12	24	6	21	3.7%	1.75 [0.80, 3.84]
Simons 1986	6	18	6	16	2.8%	0.89 [0.36, 2.21]
Sirey 2005	14	21	10	24	6.7%	1.60 [0.91, 2.81]
Wiles 2013	15	57	4	32	2.3%	2.11 [0.76, 5.81]
Zu 2014	12	23	5	12	3.8%	1.25 [0.58, 2.72]
Subtotal (95% CI)		**621**		**623**	**100.0%**	**1.29 [1.10, 1.51]**
Total events	357		296			

Heterogeneity: Tau² = 0.01; Chi² = 14.04, df = 11 (P = 0.23); I² = 22%
Test for overall effect: Z = 3.17 (P = 0.002)

0.1 0.2
Favours pl

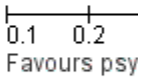
Risk of bias legend
(**A**) Random sequence generation (selection bias)
(**B**) Allocation concealment (selection bias)
(**C**) Blinding of participants and personnel (performance bias)
(**D**) Blinding of outcome assessment (detection bias)
(**E**) Incomplete outcome data (attrition bias)
(**F**) Selective reporting (reporting bias)
(**G**) Other bias

Forest plot of comparison: 1 Psykoterapi add on farma vs Farma monobehandling, outcome: 1.10 Remissionsrate, Efter endt behandling.

Figure 5 (Analysis 1.12)

	Psykoterapi add on farma		Farma monobehandling			Risk Ratio
Study or Subgroup	**Events**	**Total**	**Events**	**Total**	**Weight**	**IV, Random, 95% CI**
1.12.1 Baseline						
Hollon 2014	19	227	29	225	87.5%	0.65 [0.38, 1.12]
Schramm 2008	2	17	3	18	9.5%	0.71 [0.13, 3.72]
Weissman 1981	0	18	2	18	3.0%	0.20 [0.01, 3.89]
Subtotal (95% CI)		**262**		**261**	**100.0%**	**0.63 [0.38, 1.06]**
Total events	21		34			

Heterogeneity: Tau² = 0.00; Chi² = 0.60, df = 2 (P = 0.74); I² = 0%
Test for overall effect: Z = 1.75 (P = 0.08)



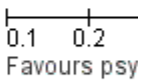
Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

Forest plot of comparison: 1 Psykoterapi add on farma vs Farma monobehandling, outcome: 1.12 Hospitalsindlæggelser (antal), Længste FU (min. ½ år).

Figure 6 (Analysis 1.14)

	Psykoterapi add on farma		Farma monobehandling			Risk Ratio
Study or Subgroup	**Events**	**Total**	**Events**	**Total**	**Weight**	**IV, Random, 95% CI**
1.14.1 Baseline						
Hollon 2014	71	48	80	54		Not estimable
Maina 2009	11	40	22	49	41.7%	0.61 [0.34, 1.11]
Maina 2010	11	40	22	49	41.7%	0.61 [0.34, 1.11]
Miller 1989	4	20	3	6	10.3%	0.40 [0.12, 1.31]
Schramm 2008	1	15	2	8	2.9%	0.27 [0.03, 2.51]
Simons 1986	1	18	4	16	3.4%	0.22 [0.03, 1.79]
Subtotal (95% CI)		**181**		**182**	**100.0%**	**0.55 [0.38, 0.81]**
Total events	99		133			

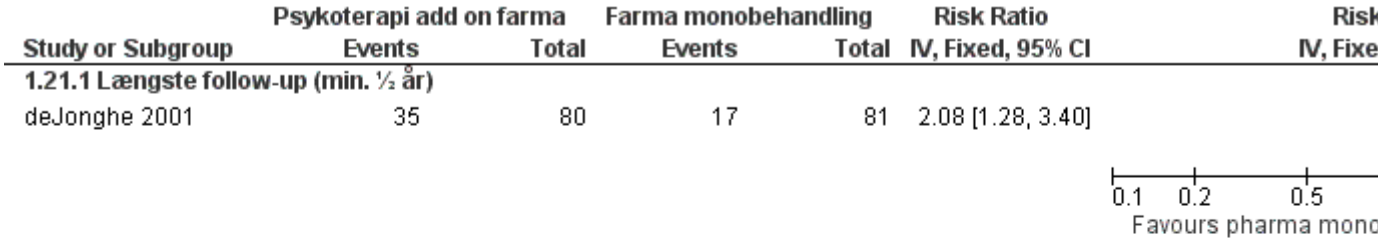
Heterogeneity: Tau² = 0.00; Chi² = 1.66, df = 4 (P = 0.80); I² = 0%
Test for overall effect: Z = 3.04 (P = 0.002)



Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

Forest plot of comparison: 1 Psykoterapi add on farma vs Farma monobehandling, outcome: 1.14 Recidivrate, Længste follow-up (min. ½ år).

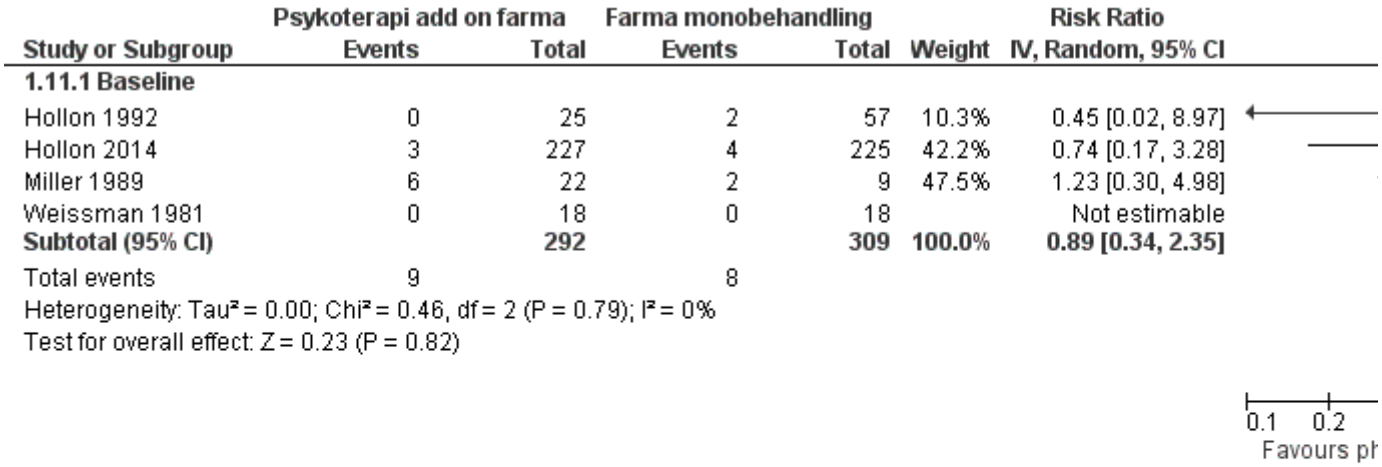
Figure 7 (Analysis 1.21)



Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

Forest plot of comparison: 1 Psykoterapi add on farma vs Farma monobehandling, outcome: 1.21 Livskvalitet, Længste follow-up (min. ½ år).

Figure 8 (Analysis 1.11)



Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

Forest plot of comparison: 1 Psykoterapi add on farma vs Farma monobehandling, outcome: 1.11 Selvmordsadfærd, Længste FU (min. ½ år).