NKR 29. Interpersonel psykoterapi versus kognitiv adfærdsterapi.

Review information

Authors

Sundhedsstyrelsen (Danish Health Authorities)[1]

[1][Empty affiliation]

Citation example: S(HA. NKR 29. Interpersonel psykoterapi versus kognitiv adfærdsterapi.. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Characteristics of studies

Characteristics of included studies

Bodenmann 2008

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** IPT ● *Dep. sværhedsgrad, At least one previous depressive episode (%)*: 13.95 KAT ● *Dep. sværhedsgrad, At least one previous depressive episode (%)*: 13.95 **Included criteria:** All patients had to meet the research diagnostic criteria (Spitzer, Endicott, & Robins, 1979) for major depressive disorder (F 296) or dysthymia (F 300) according to the Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM–IV; American Psychiatric Association, 1994) and had to score 18 or above on the BDI. Another inclusion criterion was that patients had to be in a close and stable relationship for at least 1 year. **Excluded criteria:** Patients were excluded from the study if they had a bipolar disorder, psychotic or manic symptoms, or secondary depression or if they were highly suicidal. **Pretreatment:**
Interventions	**Intervention Characteristics** IPT KAT
Outcomes	*Livskvalitet, Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome ● **Direction**: Higher is better *Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Recidiv, Længste follow-up (min. ½ år)*

	● **Outcome type**: DichotomousOutcome *Funktionsevne (aktivitet og deltagelse), Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome ● **Direction**: Higher is better *Arbejdsfastholdelse, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Responsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Frafald/ All-cause discontinuation, Ved interventionens afslutning* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** This study was supported by Swiss National Science Foundation ResearchGrants SNF 610-062901 and 100013-109547/1. **Country:** Switzerland **Setting:** **Comments:** **Authors name:** Bodenmann 2008 **Institution:** **Email:** **Address:**
Notes	*Birgitte Holm Petersen* on 09/10/2015 21:48 **Select** parterapi *Jens Aaboe* on 13/10/2015 23:30 **Population** Inclusion: All patients had to meet the research diagnostic criteria (Spitzer, Endicott, & Robins, 1979) for major depressive disorder (F 296) or dysthymia (F 300) according to the Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM–IV; American Psychiatric Association, 1994) and had to score 18 or above on the BDI. Another inclusion criterion was that patients had to be in a close and stable relationship for at least 1 year.Exclusion: Patients were excluded from the study if they had a bipolar disorder, psychotic or manic symptoms, or secondary depression or if they were highly suicidal. *Jens Aaboe* on 13/10/2015 23:36 **Outcomes** Recidiv: Relapse among the recovered patients in the CBT condition (3 subjects at Follow-up 2); Relapse among the recovered patients in the IPT condition (2 subjects at Follow-up 1, 2 subjects at Follow-up 2, and 1 subject at Follow-up 3). FU 1: 6 monthsFU 2: 12 monthsFU 3: 18 months

Risk of bias table

Bias	Authors' judgement	Support for judgement
Other sources of bias	Low risk	
Incomplete outcome data	Low risk	
Blinding of participants and personnel	Unclear risk	
Selective outcome reporting	Unclear risk	
Allocation concealment	Unclear risk	
Blinding of outcome assessors	Unclear risk	
Sequence Generation	Low risk	

Elkin 1989

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** IPT ● *Dep. sværhedsgrad, At least one previous depressive episode (%)*: 25.5 KAT ● *Dep. sværhedsgrad, At least one previous depressive episode (%)*: 25.5 **Included criteria:** Patients (at screening and again at rescreening, one to two weeks later) must meet RDC8 for a current episode of Definite Major Depressive Disorder (with required symptomatology pres¬ ent for at least the previous two weeks) and must have a score of at least 14 on an amended version of the 17-item Hamilton Rating Scale for Depression.38·39 (The amended scale includes items for hypersomnia, hyperphagia, and weight gain. **Excluded criteria:** Exclusion criteria include specific additional psychiatric disor¬ ders (definite bipolar II and probable or definite bipolar I, panic disorder, alcoholism, drug use disorder, antisocial personality disorder, Briquet's disorder, and RDC diagnosis of Major Depres¬ sive Disorder, "psychotic subtype"), two or more schizotypal features, history of schizophrenia, organic brain syndrome, mental retardation, concurrent treatment, presence of specific physical illness or other medical contraindications for the use of imipramine (including pregnancy or planned pregnancy during the course of treatment), and presence of a clinical state inconsistent with participation in the research protocol (eg, current active suicide potential, need for immediate treatment. **Pretreatment:**
Interventions	**Intervention Characteristics** IPT KAT
Outcomes	*Livskvalitet, Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Remissionsrate, Efter endt behandling*

	● **Outcome type**: DichotomousOutcome *Recidiv, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Funktionsevne (aktivitet og deltagelse), Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Arbejdsfastholdelse, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Responsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Frafald/ All-cause discontinuation, Ved interventionens afslutning* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** The NIMH Treatment of Depression Collaborative Research Program is a multisite program initiated and sponsored by the Psychosocial Treatments Research Branch, Division of Extramural Research Programs (now part of the Mood, Anxiety and Personality Disorders Research Branch, Division ofClinical Research), NIMH. The program was funded by cooperative agreements to six participating sites (George Washington University [MH 33762], University of Pittsburgh [MH 33753], University of Oklahoma [MH 33760], Yale University, New Haven, Conn [MH 33827], Clarke Institute ofPsychiatry, Toronto, Ontario [MH 38231]. **Country:** US **Setting:** **Comments:** **Authors name:** Elkin 1989 **Institution:** **Email:** **Address:**
Notes	*Jens Aaboe* on 14/10/2015 19:24 **Population** To be included in the study, patients had to meet Research Diagnostic Criteria13 for a current episode of definite major depressive disorder (with the additional criterion that the required symptoms had tobe present for at least the previous 2 weeks) and had to have a score of 14 or greater on an amended version of the 17-item Hamilton Rating Scale for Depression (HRSD).14,1" (The amended scale includes items for hypersomnia, hyperphagia, and weight gain.)Exclusion criteria included specific additional psychiatric disorders (definite bipolar II and probable or definite bipolar I, panic disorder, alcoholism, drug use disorder, antisocial personality disorder, Briquet's syndrome, and Research Diagnostic Criteria diagnosis of major depressive disorder, psychotic subtype), two or more schizotypal features, history of schizophrenia, organic brain syndrome, mental retardation, concurrent treatment, presence of specific physical illness or other

	medical contraindications for the use ofimipramine, and presence of a clinical state inconsistent with participating in the research protocol, eg, current active suicide potential or need for immediate treatment. *Birgitte Holm Petersen* on 21/10/2015 09:28 **Included** National Institute of Mental HealthTreatment of Depression CollaborativeResearch Program

Risk of bias table

Bias	Authors' judgement	Support for judgement
Other sources of bias	Unclear risk	From Barth 2012
Incomplete outcome data	Low risk	From Barth 2012
Blinding of participants and personnel	Unclear risk	From Barth 2012
Selective outcome reporting	Low risk	From Barth 2012
Allocation concealment	Unclear risk	From Barth 2012
Blinding of outcome assessors	Unclear risk	From Barth 2012
Sequence Generation	Unclear risk	From Barth 2012

Imber 1990

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** IPT ● *Dep. sværhedsgrad, At least one previous depressive episode (%)*: KAT ● *Dep. sværhedsgrad, At least one previous depressive episode (%)*: **Included criteria:** Subjects were male and female outpatients between the ages of 21 and 60 who met Research Diagnostic Criteria (RDC) for a current, definite episode of major depressive disorder (MOD), with the added provision that the disorder be present for at least the previous 2 weeks. Patients also had a score of 14 or higher on the amended 17-item version of the Hamilton Rating Scale for Depression (HRSD; Hamilton, 1967). **Excluded criteria:** Exclusion criteria included other specific psychiatric disorders, concurrent treatment, physical illness or other medical conditions that contraindicated the use of imipramine, and clinical states inconsistent with participation in a research protocol (e.g., active suicide potential or other need for immediate treatment). **Pretreatment:**

Interventions	**Intervention Characteristics** IPT KAT
Outcomes	*Livskvalitet, Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Recidiv, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Funktionsevne (aktivitet og deltagelse), Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Arbejdsfastholdelse, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Responsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Frafald/ All-cause discontinuation, Ved interventionens afslutning* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** Psychosocial Treatments Research Branch,Division of Extramural Research Programs (now part of the Mood,Anxiety, and Personality Disorders Research Branch, Division of ClinicalResearch), NIMH. The program was funded by cooperative agreementsto six participating sites: George Washington University, MH33762; University of Pittsburgh, MH 33753; University of Oklahoma,MH 33760; Yale University, MH 33827; Clarke Institute of Psychiatry,MH 38231; and Rush Presbyterian-St. Luke's Medical Center, MH35017. **Country:** US **Setting:** **Comments:** **Authors name:** Imber 1990 **Institution:** **Email:** **Address:**
Notes	*Birgitte Holm Petersen* on 07/10/2015 07:46 **Select** Outcomes ikke rel. for os *Birgitte Holm Petersen* on 21/10/2015 09:09 **Included** NIMH Treatment of Depression Collaborative Research Program

Risk of bias table

Bias	Authors' judgement	Support for judgement
Other sources of bias	Unclear risk	
Incomplete outcome data	Low risk	
Blinding of participants and personnel	Unclear risk	
Selective outcome reporting	Low risk	
Allocation concealment	Unclear risk	
Blinding of outcome assessors	Unclear risk	
Sequence Generation	Unclear risk	

Lemmens 2015

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** IPT ● *Dep. sværhedsgrad*: BDI II: 31.2 (8.9) KAT ● *Dep. sværhedsgrad*: BDI II: 31.2 (8.9) **Included criteria:** Patients were adult outpatients (18–65 years3)referred to the mood disorder unit of the MaastrichtCommunity Mental Health Centre with a primary diagnosisof MDD as confirmed by the StructuralClinical Interview for DSM-IV Axis I disorders (SCID-I;First et al. 1997) conducted by a trained evaluator.Further inclusion criteria were: internet access, anemail address, and sufficient knowledge of the Dutchlanguage. **Excluded criteria:** Exclusion criteria were: bipolar or chronic(current episode >5 years) depression, elevated acutesuicide risk, concomitant pharmacological or psychologicaltreatment4, drugs and alcohol abuse/dependence,and mental retardation (IQ < 80). **Pretreatment:** There were no relevant differences between thepatients in the two treatment conditions combinedand the WLC condition for any of the sociodemographicvariables or depression specifiers. HoweverCT and IPT showed considerable differences on theBDI-II and EQ-5D. Therefore, we controlled for thisin all analyses
Interventions	**Intervention Characteristics** IPT ● *Beskrivelse*: Treatment consisted of 16–20 individual sessions of45 min, depending on the progress of the individualpatient. The IPT protocol followed theguidelines laid out by Klerman et al. (1984). KAT ● *Beskrivelse*: Treatment consisted of 16–20 individual sessions of45 min, depending on the progress of the individualpatient. The CT protocolwas

	based on the manual by Beck et al. (1979).
Outcomes	*Livskvalitet, Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome ● **Direction**: Higher is better *Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome ● **Direction**: Higher is better *Recidiv, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome ● **Direction**: Lower is better *Funktionsevne, Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Arbejdsfastholdelse, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome ● **Direction**: Lower is better *Responsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome ● **Direction**: Higher is better *Hospitalsindlæggelser (antal), Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome ● **Direction**: Lower is better *Frafald/ All-cause discontinuation, Ved interventionens afslutning* ● **Outcome type**: DichotomousOutcome ● **Direction**: Lower is better
Identification	**Sponsorship source:** This research is funded by the research institute of ExperimentalPsychopathology (EPP), The Netherlands,and the Academic Community Mental Health Centre(RIAGG) in Maastricht, The Netherlands. Both organizationshave no special interests in specific outcomes ofthe trial. **Country:** The Netherlands **Setting:** Outpatient mental health clinic in Maastrict **Comments:** **Authors name:** Lemmens, 2015 **Institution:** Department of Clinical Psychological Science, Faculty of Psychology and Neuroscience **Email:** Lotte.Lemmens@Maastrichtuniversity.nl **Address:** Maastricht University, P.O. Box 616, Maastricht, The Netherlands
Notes	*Henning Keinke Andersen* on 11/12/2015 00:18 **Outcomes** Jeg er usikker på N efter 12 måneder/endt behandling i begge grupper. Forfatterne noterer tydeligvis at samlet 25 deltagere (frafald) ikke afslutter efter 12 måneder, men der foreligger ikke en yderligere stratifikation. Jeg kan ikke finde den i artiklen, men der refereres til et datasuppl IV. Har ikke kunnet finde

	dette og derfor valgt at fratrække 13 (CBT) resp. 12 (IPT) fra de to grupper. Dette er højst sandsynligt forkerte værdier.Der må nødvendigvis være data for remissionrater og responsrater (samt frafald) i dette data suppl. Jeg hæfter mig ved at forfatteren i diskussionen nævner at data var leveret af 85% af patienterne efter 12 måneder (igen uden stratifikation) så mht frafald vil dette betyde n=64 (IPT) resp 65 (CBT), men er sikkert anderledes i suppl.

Risk of bias table

Bias	Authors' judgement	Support for judgement
Other sources of bias	Low risk	Judgement Comment: None known
Incomplete outcome data	Low risk	Judgement Comment: 'No significant differences in attrition rates emerged across conditions (See Consort Flow Chart)'. Missing outcome data is balanced in numbers across intervention groups. At 7 months (the end of the acute phase), 6 patients in CT and 10 in IPT were lost to follow-up. At 12 months this was 11 (14.5%) for CT ad 14 (18.7%) for IPT. Reasons for drop-out were similar across groups. Patients either were unattainable/did not respond to contact requests (7 in CT vs. 8 in IPT), or no longer wanted to participate in the trial (3 in CT vs. 6 in IPT). 1 moved abroad (CT). Even though the 12-month attrition rates are within (the low) range of other clinical trials, they might have introduced bias, which could be a limitation of the study. However, we do not consider it likely that the drop-out rates have caused any large biases because missings were handled carefully. By using mixed regression (a method that takes the nested structure of the data into consideration and can deal with autocorrelation and missing values, see Singer & Willet, 2003, Oxford University Press).
Blinding of participants and personnel	High risk	Judgement Comment: With regard to the nature of interventions, blinding of patients and therapists for treatment condition was not possible'. However, we think it is unlikely that the lack of blinding has influenced outcome, mainly because all outcome measures were self-report measures, and patients were not aware of study aims. However, the fact that the researchers who conducted statistical analyses were not blind for the coding of CT and IPT is a limitation of the current study.
Selective outcome reporting	Low risk	Judgement Comment: We pre-specified all of the study's outcomes in our protocol paper (Lemmens et al., 2011). As can be seen in the protocol paper, we included several categories of measurements: primary and secondary outcome measures (in terms of symptoms and quality of life), process measures, and economic evaluation measures. The present study examines the clinical effectiveness, and therefore included all clinical outcome and quality of life measures.
Allocation concealment	Low risk	Judgement Comment: 'Randomization took place at the research center. The researcher pressed the 'assign' button on the computer screen, after which the database randomly allocated the participant to one of three conditions using computer-generated block

		randomization (10:10:4) The random allocation sequence was generated by an independent computer scientist and concealed from the researchers that were involved in the randomization procedure in order to prevent prediction of future assignment.'
Blinding of outcome assessors	High risk	
Sequence Generation	Low risk	Judgement Comment: Randomization took place at the research center. The researcher pressed the 'assign' button on the computer screen, after which the database randomly allocated the participant to one of three conditions using computer-generated block randomization (10:10:4) The random allocation sequence was generated by an independent computer scientist and concealed from the researchers that were involved in the randomization procedure in order to prevent prediction

Luty 2007

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** IPT ● *Dep. sværhedsgrad, At least one previous depressive episode (%)*: 16.0 KAT ● *Dep. sværhedsgrad, At least one previous depressive episode (%)*: 16.0 **Included criteria:** Patients were included if they were aged 18 Patients were included if they were aged 18 years or over and currently met DSM–IV criteria for a non-psychotic major depressive episode as the principal diagnosis (American Psychiatric Association, 1994). Participants were required to be medication-Participants were required to be medicationfree for a minimum of 2 weeks, or (to allow for clearance from the bloodstream) five drug half-lives of any centrally acting drugs, except for the occasional hypnotic agent and the oral contraceptive pill **Excluded criteria:** Pa- agent and the oral contraceptive pill. Patients were excluded if there was a history of mania (bipolar I disorder), schizophrenia, major physical illness that could interfere with assessment or treatment, current alcohol or drug dependence of moderate or greater severity (if it was considered to be the current principal diagnosis) or severe antisocial personality disorder, or if severe antisocial personality disorder, or if the patient had failed to respond to a recent (within 1 year) adequate trial of either of the intervention therapies **Pretreatment:**
Interventions	**Intervention Characteristics** IPT KAT

Outcomes	*Livskvalitet, Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Recidiv, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Funktionsevne (aktivitet og deltagelse), Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Arbejdsfastholdelse, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Responsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Frafald/ All-cause discontinuation, Ved interventionens afslutning* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** This research was funded by grants from the Health This research was funded by grants from the HealthResearch Council of New Zealand **Country:** NZ **Setting:** **Comments:** **Authors name:** Luty 2007 **Institution:** **Email:** **Address:**
Notes	*Christina Schacht-Magnussen* on 07/10/2015 06:37 **Select** Ikke kritiske outcomes *Birgitte Holm Petersen* on 07/10/2015 08:07 **Select** rap. på respons og frafald

Risk of bias table

Bias	Authors' judgement	Support for judgement
Other sources of bias	Low risk	From Barth 2012
Incomplete outcome data	Unclear risk	From Barth 2012
Blinding of participants and personnel	Low risk	From Barth 2012
Selective outcome reporting	Unclear risk	From Barth 2012

Allocation concealment	Low risk	From Barth 2012
Blinding of outcome assessors	Low risk	From Barth 2012
Sequence Generation	Low risk	From Barth 2012

Power 2012

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** IPT ● *Dep. sværhedsgrad*: 30.79 KAT ● *Dep. sværhedsgrad*: 30.79 **Included criteria:** age range 18 to 65, and that they could include peoplewho also seemed to have problems with anxiety as wellas depression. **Excluded criteria:** Participants not meeting the above mentioned numbers per condition. **Pretreatment:**
Interventions	**Intervention Characteristics** IPT ● *Beskrivelse*: The depressed participantsreceived 16 sessions of IPT and followed the Klermanet al. (1984) manual KAT ● *Beskrivelse*: In the CBT arm of the trial, depressedparticipants received a minimum of 12 and a maximum of16 sessions that followed the Beck et al. (1979) manual.
Outcomes	*Livskvalitet, Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Recidiv, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Funktionsevne, Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Arbejdsfastholdelse, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Responsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste follow-up (min. ½ år)*

	● **Outcome type**: DichotomousOutcome *Frafald/ All-cause discontinuation, Ved interventionens afslutning* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** We would like to thank the Chief Scientist Office of theScottish Government and NHS Lothian for financialsupport of the current study. **Country:** Scotland **Setting:** Primary care **Comments:** **Authors name:** Power, 2012 **Institution:** Clinical Psychology, Medical School, Teviot Place, Edinburgh University **Email:** mjpower@staffmail.ed.ac.uk **Address:** Teviot Place, Edinburgh University, Edinburgh EH8 9AG, UK.
Notes	*Henning Keinke Andersen* on 06/11/2015 02:09 **Screen** Look into the severity of depression in the article. Info not provided in the abstract *Birgitte Holm Petersen* on 04/12/2015 21:55 **Outcomes** Ingen brugbare outcomes

Risk of bias table

Bias	Authors' judgement	Support for judgement
Other sources of bias	Unclear risk	Judgement Comment: none

Quilty 2013

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** IPT ● *Dep. sværhedsgrad*: 18.00 (3.77) KAT ● *Dep. sværhedsgrad*: 18.00 (3.77) **Included criteria:** . All participants met diagnostic criteriafor DSM-IV MDD as determined by the Structured Clinical Interviewfor DSM-IV, Axis I Disorders—Patient version (First et al., 1995), werebetween the ages of 18 and 60 years, free of antidepressantmedication, had received no electroconvulsive therapy in the pastsix months, did not have a concurrent medical illness, hadminimum 8 years education, were fluent in reading English, andhad the capacity to give written informed consent

	Excluded criteria: Exclusioncriteria included the presence of bipolar disorder, psychotic disorder,substance use disorders, organic brain syndrome, or eitherborderline or antisocial personality disorder, as assessed by theStructured Clinical Interview for DSM-IV Axis II Personality Disorders **Pretreatment:**
Interventions	**Intervention Characteristics** IPT ● *Beskrivelse*: Participants in treatment conditions received 16 to 20 weeks ofCBT or IPT. CBT was delivered with the use of Greenberger andPadesky (1995) manual and IPT with the Weissman et al., (2000)manual. KAT ● *Beskrivelse*: Participants in treatment conditions received 16 to 20 weeks ofCBT or IPT. CBT was delivered with the use of Greenberger andPadesky (1995) manual and IPT with the Weissman et al., (2000)manual.
Outcomes	*Livskvalitet, Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Recidiv, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Funktionsevne, Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Arbejdsfastholdelse, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Responsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Frafald/ All-cause discontinuation, Ved interventionens afslutning* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** Funding for this study was provided by the Ontario Mental Health Foundation.This organization had no further role in study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the paper for publication. **Country:** Canada **Setting:** Outpatient **Comments:** **Authors name:** Quilty, 2013 **Institution:** Centre for addiction and menthal health **Email:** lena_quilty@camh.net **Address:** University of Toronto, Toronto, ON, Canada

Notes	*Henning Keinke Andersen* on 06/11/2015 23:56 **Select** Make sure that pts are diagnosed with severe depression before extraction - otherwise exclude *Birgitte Holm Petersen* on 04/12/2015 22:19 **Outcomes** Ingen brugbare data

Risk of bias table

Shea 1990

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** IPT ● *Dep. sværhedsgrad, At least one previous depressive episode (%)*: KAT ● *Dep. sværhedsgrad, At least one previous depressive episode (%)*: **Included criteria:** **Excluded criteria:** **Pretreatment:**
Interventions	**Intervention Characteristics** IPT KAT
Outcomes	*Livskvalitet, Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Recidiv, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Funktionsevne (aktivitet og deltagelse), Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Arbejdsfastholdelse, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Responsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome

	Frafald/ All-cause discontinuation, Ved interventionens afslutning ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** The program was funded by cooperative agreements to six participatingsites (George Washington University, Washington, D.C. [MH-33762]; University of Pittsburgh, Pittsburgh [MH-33753];University of Oklahoma, Oklahoma City [MH-33760]; Yale University,New Haven, Conn. [MH-33827]; Clarke Institute of Psychiatry,Toronto [MH-38231]; and Rush Presbyterian-St. Luke'sMedical Center, Chicago [MH-35017]). **Country:** US **Setting:** **Comments:** **Authors name:** Shea 1990 **Institution:** **Email:** **Address:**
Notes	*Birgitte Holm Petersen* on 06/10/2015 07:39 **Select** minimum score of 14 on an amended version of the17-item Hamilton Rating Scale for Depression (*Jens Aaboe* on 14/10/2015 23:25 **Identification** Data er ikke opdelt i IPT vs. CBT. hvorfor ingen outcomes er medtaget. *Birgitte Holm Petersen* on 21/10/2015 09:12 **Included** NIMH Treatment of Depression Collaborative Research Program

Risk of bias table

Bias	Authors' judgement	Support for judgement
Other sources of bias	Unclear risk	
Incomplete outcome data	Unclear risk	
Blinding of participants and personnel	Unclear risk	
Selective outcome reporting	Unclear risk	
Allocation concealment	Unclear risk	
Blinding of outcome assessors	Unclear risk	
Sequence Generation	Unclear risk	

Shea 1992

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** IPT ● *Dep. sværhedsgrad, At least one previous depressive episode (%)*: KAT ● *Dep. sværhedsgrad, At least one previous depressive episode (%)*: **Included criteria:** Major Depressive Disorder (with required symptomatology pres¬ ent for at least the previous two weeks) and must have a score of at least 14 on an amended version of the 17-item Hamilton Rating Scale for Depression.3 **Excluded criteria:** Exclusion criteria include specific additional psychiatric disor¬ ders (definite bipolar II and probable or definite bipolar I, panic disorder, alcoholism, drug use disorder, antisocial personality disorder, Briquet's disorder, and RDC diagnosis of Major Depres¬ sive Disorder, "psychotic subtype"), two or more schizotypal features, history of schizophrenia, organic brain syndrome, mental retardation, concurrent treatment, presence of specific physical illness or other medical contraindications for the use of imipramine (including pregnancy or planned pregnancy during the course of treatment), and presence of a clinical state inconsistent with participation in the research protocol (eg, current active suicide potential, need for immediate treatment). **Pretreatment:**
Interventions	**Intervention Characteristics** IPT KAT
Outcomes	*Livskvalitet, Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Recidiv, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Funktionsevne (aktivitet og deltagelse), Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Arbejdsfastholdelse, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Responsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Frafald/ All-cause discontinuation, Ved interventionens afslutning* ● **Outcome type**: DichotomousOutcome

Identification	**Sponsorship source:** The program was funded by Cooperative Agreements to six participating sites (George Washington University, Washington, DC—MH 33762; University of Pittsburgh—MH 33753; University of Oklahoma, Oklahoma City—MH 33760; Yale University, New Haven, Conn—MH 33827; Clarke Institute of Psychiatry, Toronto, Ontario—MH 38231; and Rush Presbyterian-St Luke's Medical Center, Chicago, 111—MH 35017). **Country:** US **Setting:** **Comments:** **Authors name:** Shea 1992 **Institution:** **Email:** **Address:**
Notes	*Birgitte Holm Petersen* on 21/10/2015 09:11 **Included** NIMH Treatment of Depression Collaborative Research Program

Risk of bias table

Bias	Authors' judgement	Support for judgement
Other sources of bias	Unclear risk	
Incomplete outcome data	Low risk	
Blinding of participants and personnel	Unclear risk	
Selective outcome reporting	Low risk	
Allocation concealment	Unclear risk	
Blinding of outcome assessors	Unclear risk	
Sequence Generation	Unclear risk	

Sotsky 1991

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** IPT ● *Dep. sværhedsgrad, At least one previous depressive episode (%)*: KAT ● *Dep. sværhedsgrad, At least one previous depressive episode (%)*: **Included criteria:** **Excluded criteria:** **Pretreatment:**

Interventions	**Intervention Characteristics** IPT KAT
Outcomes	*Livskvalitet, Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Recidiv, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Funktionsevne (aktivitet og deltagelse), Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Arbejdsfastholdelse, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Responsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Frafald/ All-cause discontinuation, Ved interventionens afslutning* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** isorders Research Branch, Division ofClinical Research), NIMH. The program was funded by cooperativeagreements with six participating sites (George Washington University,grant MH-33762; University of Pittsburgh, MH-33753; Universityof Oklahoma, MH-33760; Yale University, MH-33827;Clarke Institute of Psychiatry, MH-3823 I ; and Rush PresbyterianSt.Luke’s Medical Center, MH-35017). **Country:** US **Setting:** **Comments:** **Authors name:** Sotsky 1991 **Institution:** **Email:** **Address:**
Notes	*Jens Aaboe* on 14/10/2015 23:34 **Identification** Data er ikke opdelt på IPT vs. CBT, hvorfor ingen outcomes er medtaget. *Birgitte Holm Petersen* on 21/10/2015 09:12 **Included** NIMH Treatment of Depression Collaborative Research Program

Risk of bias table

Bias	Authors' judgement	Support for judgement
Other sources of bias	Unclear risk	
Incomplete outcome data	Unclear risk	
Blinding of participants and personnel	Unclear risk	
Selective outcome reporting	Unclear risk	
Allocation concealment	Unclear risk	
Blinding of outcome assessors	Unclear risk	
Sequence Generation	Unclear risk	

Weitz 2014

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** IPT ● *Dep. sværhedsgrad*: KAT ● *Dep. sværhedsgrad*: **Included criteria:** **Excluded criteria:** **Pretreatment:**
Interventions	**Intervention Characteristics** IPT ● *Beskrivelse*: KAT ● *Beskrivelse*:
Outcomes	*Livskvalitet, Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Recidiv, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Funktionsevne, Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Arbejdsfastholdelse, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome

	Responsrate, Efter endt behandling ● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Frafald/ All-cause discontinuation, Ved interventionens afslutning* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** **Country:** **Setting:** **Comments:** **Authors name:** **Institution:** **Email:** **Address:**
Notes	*Henning Keinke Andersen* on 06/11/2015 02:30 **Screen** Include if this is a RCT *Birgitte Holm Petersen* on 04/12/2015 22:26 **Included** NB. Data used in this study are from the NIMH TDCRP trial, whichhas been described in detail elsewhere (Elkin et al., 1985,1989). *Henning Keinke Andersen* on 10/12/2015 22:29 **Outcomes** Important notice regarding the only reported outcome (suicide): The values are reported after 16 weeks treatment. It is clearly stated that follow up should be minumum 26 weeks - thus cautious on interpretation of the data!

Risk of bias table

Footnotes

References to studies

Included studies

Bodenmann 2008

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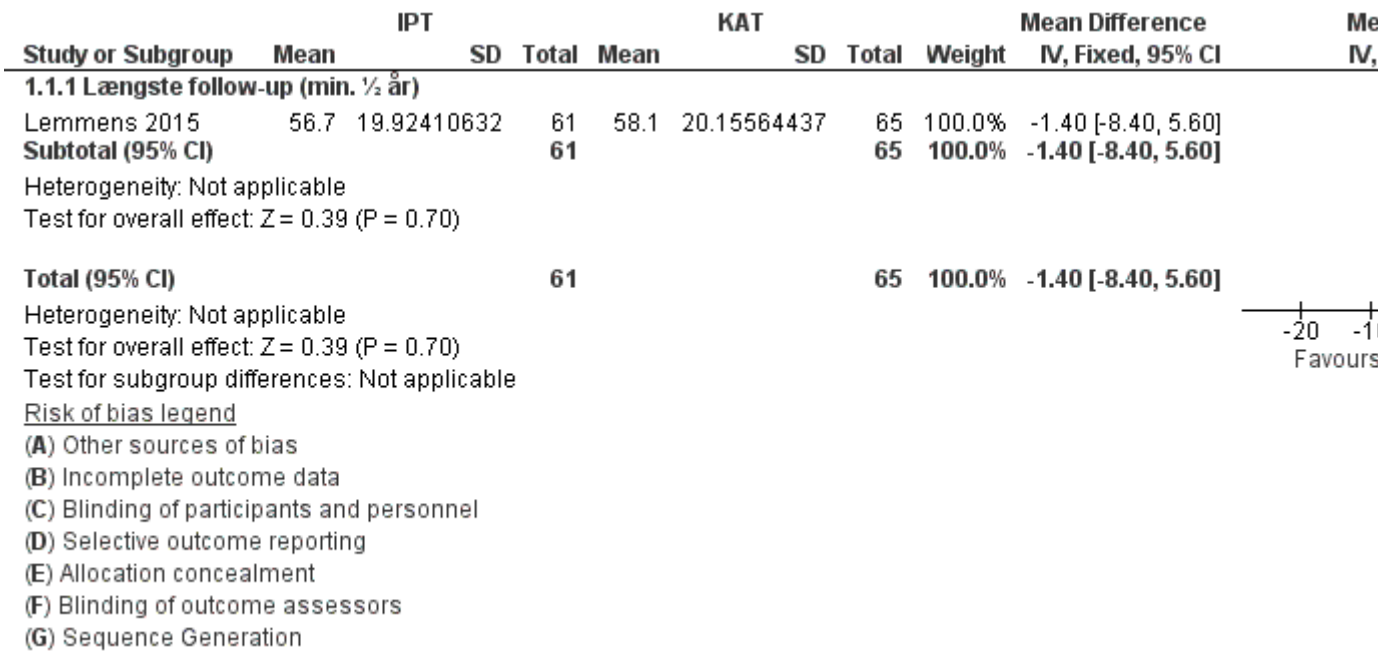
Data and analyses

1 IPT vs KAT

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Livskvalitet, Længste follow-up (min. ½ år)	1	126	Mean Difference (IV, Fixed, 95% CI)	-1.40 [-8.40, 5.60]
1.1.1 Længste follow-up (min. ½ år)	1	126	Mean Difference (IV, Fixed, 95% CI)	-1.40 [-8.40, 5.60]
1.2 Funktionsevne, Længste follow-up (min. ½ år)	2	208	Std. Mean Difference (IV, Random, 95% CI)	-0.05 [-0.32, 0.22]
1.3 Selvmordsadfærd, Længste follow-up (min. ½ år)	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.4 Remissionsrate, Efter endt behandling	5	551	Risk Ratio (IV, Random, 95% CI)	0.99 [0.82, 1.20]
1.5 Recidiv, Længste follow-up (min. ½ år)	2	79	Risk Ratio (IV, Random, 95% CI)	1.13 [0.57, 2.25]
1.6 Arbejdsfastholdelse, Længste follow-up (min. ½ år)	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.7 Responsrate, Efter endt behandling	2		Risk Ratio (IV, Random, 95% CI)	Subtotals only
1.7.1 Efter endt behandling	2	213	Risk Ratio (IV, Random, 95% CI)	0.75 [0.57, 0.99]
1.8 Hospitalsindlæggelser (antal), Længste follow-up (min. ½ år)	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.9 Frafald/ All-cause discontinuation, Ved interventionens afslutning	5	608	Risk Ratio (IV, Random, 95% CI)	0.91 [0.81, 1.01]
1.10 Selvmordsadfærd, Længste follow-up (min. ½ år)	0		Risk Ratio (IV, Fixed, 95% CI)	No totals

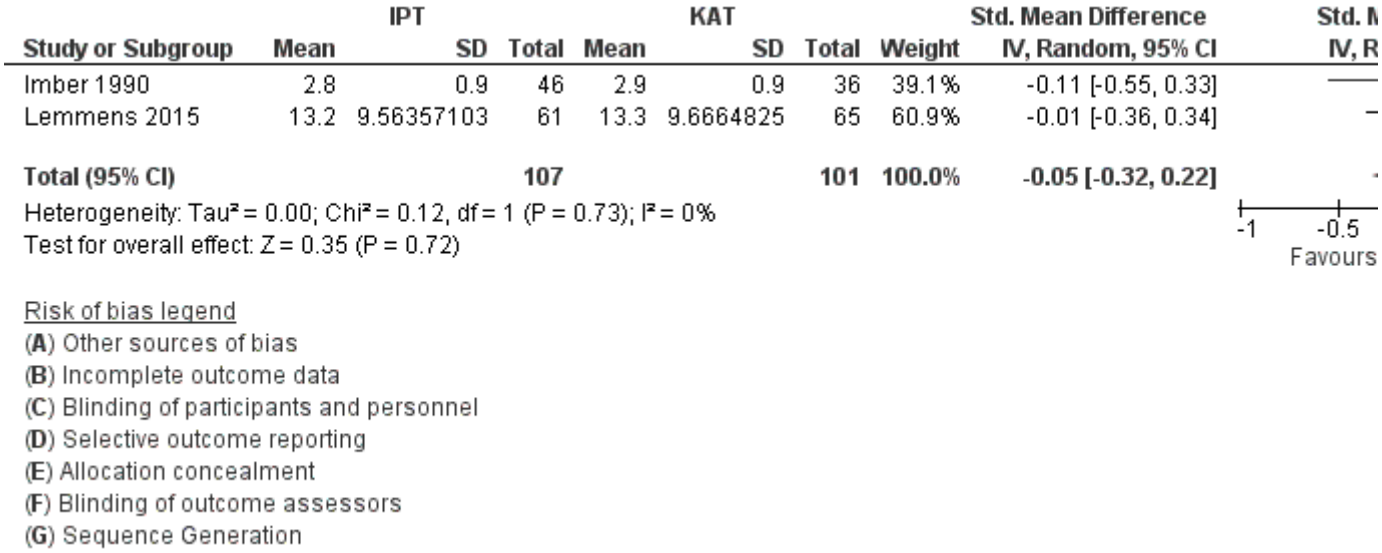
Figures

Figure 1 (Analysis 1.1)



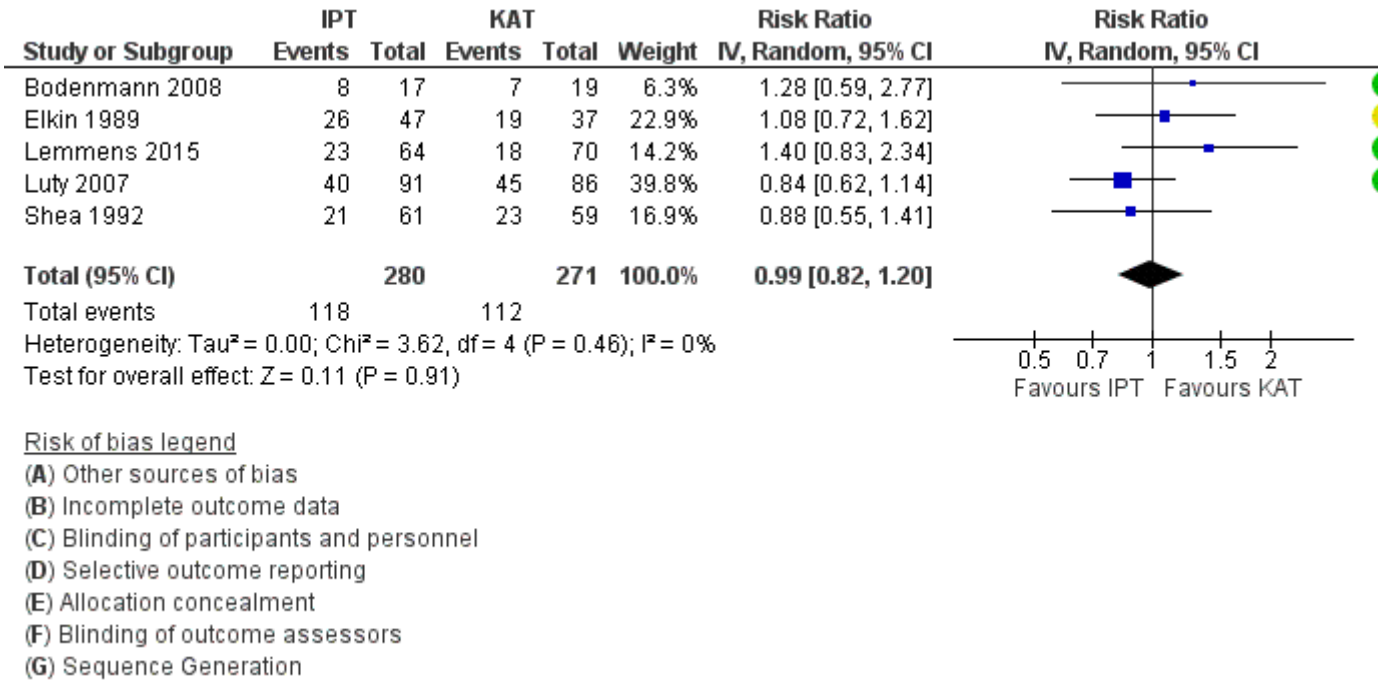
Forest plot of comparison: 1 IPT vs KAT, outcome: 1.1 Livskvalitet, Længste follow-up (min. ½ år).

Figure 2 (Analysis 1.2)



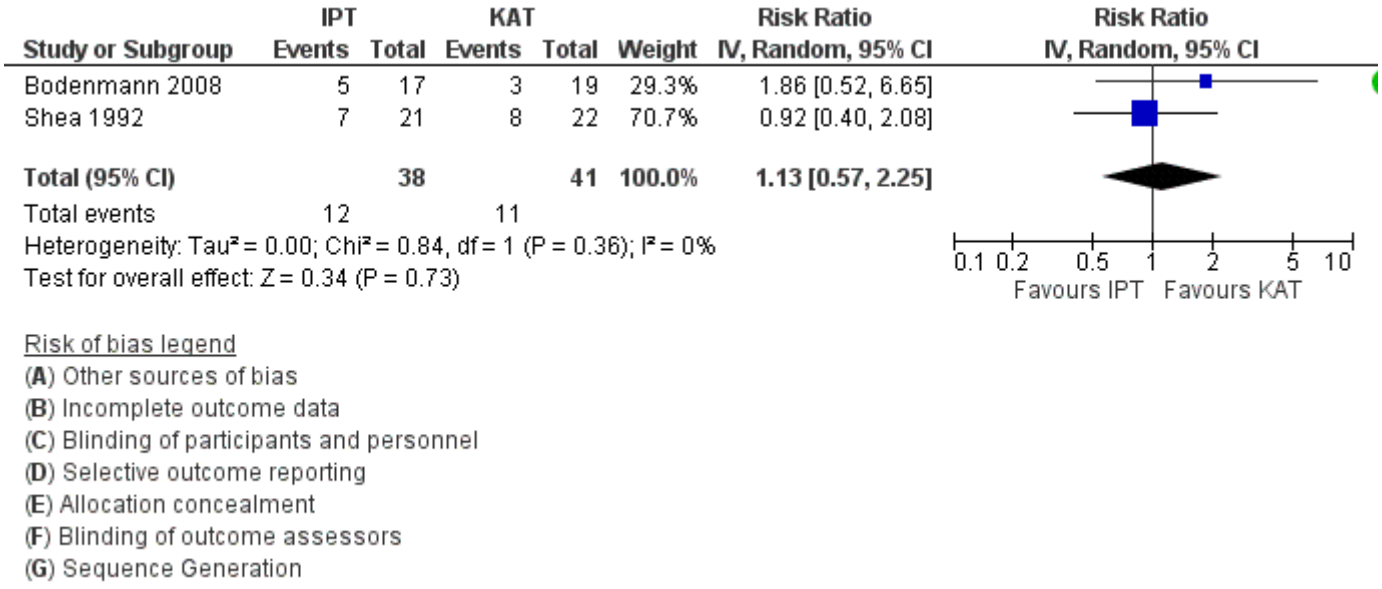
Forest plot of comparison: 1 IPT vs KAT, outcome: 1.2 Funktionsevne, Længste follow-up (min. ½ år).

Figure 3 (Analysis 1.4)



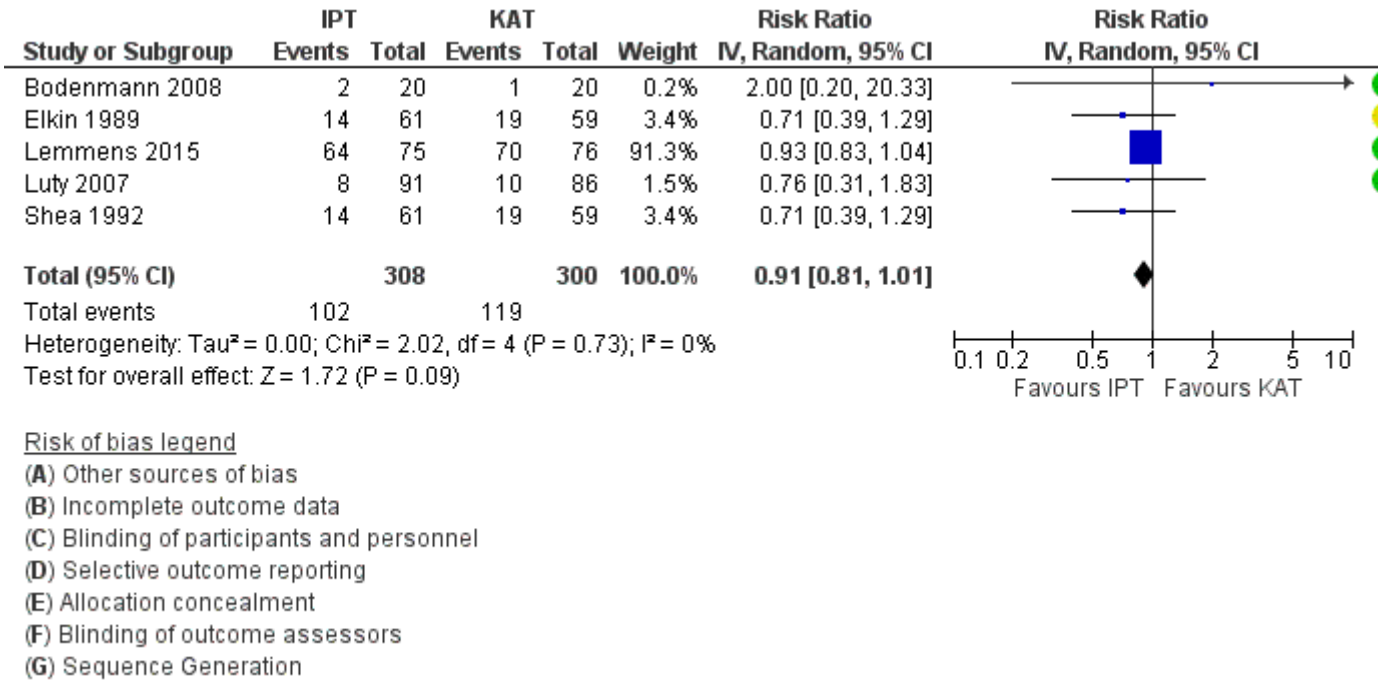
Forest plot of comparison: 1 IPT vs KAT, outcome: 1.4 Remissionsrate, Efter endt behandling.

Figure 4 (Analysis 1.5)



Forest plot of comparison: 1 IPT vs KAT, outcome: 1.5 Recidiv, Længste follow-up (min. ½ år).

Figure 5 (Analysis 1.9)



Forest plot of comparison: 1 IPT vs KAT, outcome: 1.9 Frafald/ All-cause discontinuation, Ved interventionens afslutning.