| Study  Country | Design | Setting | Screening Criteria | Intervention Groups  (N Rand) | # Sessions | Session Format | Treatment Provider | % Female | Mean Age (years) | % Current/ Recent Treatment | Follow-up (m) | Brief Summary of Results |
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| **General Adults** | | | | | | | | | | | | |
| Brodaty, 1983228  Australia | RCT | Family practice clinics | GHQ-30 ≥5, symptoms for 6 months | Brief psycho-therapy (n=18)  Family practitioner therapy (n=18)  UC (n=20) | 5-8 | Individual | Psychiatrist, family practitioner | NR | NR | NR | 12 | NSD between groups on Factor 1 (symptoms and social disability) or Factor 2 (physical disability) |
| Schulberg, 1996213  United States | RCT | Primary care health centers (academic-affiliated) | MDD + HAM-D >13 | IPT (n=93)  Nortriptyline (n=91)  UC (n=92) | 16 | Individual | Psychiatrists, psychologists | 83 | 38 | NR | 8 | Severity of depressive symptoms reduced more rapidly and more effectively in drug and IPT groups compared to UC. 70% of pts in treatment groups were recovered at 8 months vs. 20% in the UC group. |
| King, 2002227  UnitedKingdom | RCT | General practice clinics | HADS ≥11 | Brief CBT (n=137)  UC (n=135) | 4 | Individual | General practitioner | 70 | NR | NR | 3, 6 | NSD between groups on BDI scores at 6 months |
| Simpson, 2003216  United Kingdom | RCT | General practice clinics | BDI 14-40, depressed for 6 months | Psycho-dynamic counseling (n=73)  UC (n=72) | 6-12 | Individual | Counselors | NR | 18-70 | 0 | 6, 12 | NSD between the two groups on any of the measures at 6 or 12 months. |
| Lang, 2006214  United States | RCT | Primary care clinics  (mix of screening, provider referral, self-referral) | MDD, dysthymia, anxiety; BSI-18 T score ≥63 on one or more scales | Brief psycho-therapy (n=32)  UC (n=30) | 4 | Individual | Therapists | 53 | 47 | 0 therapy/  55 psycho-tropics | 6 | 8-point decrease at 3 months and 3-point decrease at 6 months in IG. 2 point and 3 point decreases, respectively, in CG on BSI Depression Scale |
| Schreuders, 2007217  Netherlands | RCT | General practice clinics | Depress-ion or anxiety, GHQ-12 ≥3 | PST (n=88)  UC (n=87) | 6 | Individual | Nurses | 71 | 53 | 0 | 3 | NSD between groups at followup on HADS. |
| Levesque, 2011211  United States | RCT | Primary care clinics | PHQ >5 | Computer-tailored intervention (individualized feedback, workbook) (n=174)  UC (n=176) | NA | Online | NA | 66 | 18-88 | 0 | 9 | IG experienced significantly greater improvements in depression; trend toward improved physical functioning but NS. Pts w/ moderate to severe depression at baseline showed greatest improvement. |
| Casañas, 2012219  Spain | RCT | Primary care centers | MDD, mild to moderate (BDI ≥10 and <30) | Psycho-education (n=119)  UC (n=112) | 12 | Group | Nurses | 89 | 53 | 56% taking anti-depressant; 54% taking anxiolytics | 3, 6, 9 | Intervention superior to UC in terms of reduction of depression symptoms at all followup time points for pts w/ depression at baseline. Significant differences at 3-month followup only for pts w/ moderate symptoms at baseline. |
| Seekles, 2011218  Netherlands | RCT | Primary care practices | MDD, dysthymia, minor depress-ion, or anxiety disorder, HADS >12 | Stepped care (watchful waiting, guided self-help, PST, pharma-cotherapy and/or referral) (n=60)  UC (n=60) | NA | Individual | Care managers | 65 | 50 | 0 | 2,4,6 | Symptoms of depression and anxiety decreased significantly over time for both groups. However, there was NSD between groups. |
| Kilbourne, 2013212  United States | RCT | Primary care (1 site) and mental health specialty clinics (3 sites) | MDD or bipolar disorder, screening checklist by physician | Life Goals Collaborative Care (self-management group + monthly care management contact) (n=29)  UC (n=31) | 5-11 | Group and individual | Care manager | 73 | 46 | NR | 3,6 | IG was associated w/ greater likelihood of depression symptom remising at 6 months, 50% reduction in PHQ-9 score, and improved well-being. |
| Berghöfer, 2012220  Germany | C-RCT | Primary care practices | PHQ>4 + MDD + “high utilizer patient” | Collaborative care (sertraline and doxepin, case management, provider training, patient info brochure) (n=19)  UC (n=44) | NA | Individual | Physician, case manager | 73 | 50 | 0 | 6, 12 | NSD between groups in terms of physician rated improvement (HAM-D). Intervention superior to treatment at 6 months according to patient self-ratings (B-PHQ) of treatment response and depression severity. No longer significant at 12 months. |
| Huijbregts, 2013221  Netherlands | C-RCT | Primary care centers | PHQ ≥10 | Collaborative care (anti-depressant, self-help manual, PST, referral to specialized care) (n=101)  UC (n=49) | NA | Individual | Care manager, physician | 70 | 49 | NR | 3, 6, 9, 12 | IG superior to UC in achieving treatment response at 3 months and 9 months. NSD at 6 and 12 months. NNT to achieve response in one additional pt were low (2-3). |
| Menchetti, 2013222  Italy | C-RCT | Primary care practices | PHQ | Collaborative care/stepped care (provider training, stepped care protocol, depression management toolkit, psychiatric consultation) (n=128)  UC (n=99) | NA | Individual | Physician, psychiatric consultant | 76 | 52 | 0 | 3, 6, 12 | Trend toward more positive results in IG, but not significant. |
| Guide to Community Preventive Services (2010)83 | SR (k=32) | Primary Care | Varied | Collaborative care | NA | Individual | Varied | NA | NA | NA | NA | Compared to usual care, results indicate that effects due to collaborative care were favorable and statistically significant for multiple depression outcomes including improvement in depression symptoms, remission or recovery, and response to treatment. |
| Arroll, 2009284  (Cochrane)  United Kingdom | SR  (k= 14) | “Primary Care” | HAM-D | TCAs or SSRIs | NA | NA | NA | NA | NA | NA | NA | Both TCAs and SSRIs effective at for depression. AEs more common w/ TCAs. Studies w/ the majority of pts > 65 years were excluded from review. |
| **Older Adults** | | | | | | | | | | | | |
| Van Schaik, 2006223  Netherlands | RCT | General practice clinics | GDS-15 >5 + MDD | IPT (n=69)  UC (74) | 10 | Individual | Psychologist, psychiatric nurses | 69 | 68 | 0 | 2, 6 | MADRS ≥10; post-hoc analysis revealed IPT superior to UC for moderately to severely depressed, but not mildly depressed pts. |
| Serfaty, 2009224  United Kingdom | RCT | General Practice Research Network | GDS ≥5 | CBT (n=70)  Talking control (n=67)  UC (n=67) | Up to 12 | Individual | Trained CBT therapists | 79 | 74 | 0 (CBT or ECT) | 10 | CBT superior to UC and talking control in improvements in BDI-II scores at followup. |
| Lam, 2010226  Hong Kong | RCT | Govern-ment funded general outpatient clinics | HADS | Brief PST (n=149)  Placebo (video) (n=150) | 3 | Individual | Primary care provider | 59 | 72 | 0 | 1.5, 3, 6, 12 | NSD between groups (both groups improved). |
| Van Marwijk, 2008225  Netherlands | C-RCT | General practice clinics | GDS ≥ 5 | Primary care management (pt education, paroxetine, supportive counseling) (n=70)  UC (n=75) | 8 | Individual | Primary care provider | 57 | 66 | 0 | 6,12 | IG superior to UC in recovery and symptom reduction at 6 month followup (MADRS scores), but not at 12 months. NSD in PRIME-MD scores at any time point. |
| Alexopoulos 2009215  PROSPECT Study  United States | C-RCT | Primary care practices | MDD or minor depression + HAM-D ≥10 | Collaborative care (citalopram, case management, IPT, home visits, referrals) (n=320)  UC (n=279) | NA | Individual | Physician, care manager | 72 | NR | NR | 24 | IG pts 2.2 greater decline in suicidal ideation, earlier treatment response, higher remission rates. |

**Abbreviations:** AE(s) = adverse effect(s); BDI = Beck Depression Inventory; BSI = Beck Scale for Suicide Ideation; CBT = cognitive behavioral therapy; GHQ = General Health Questionnaire; GDS = Geriatric Depression Scale; HADS = Hospital Anxiety and Depression Scale; HAM-D = Hamilton Rating Scale for Depression; IG = intervention group; IPT = interpersonal therapy; MDD = major depressive disorder; NA = not applicable; NNT = number needed to treat; NR = not reported; NS = not significant; NSD = no significant difference; PHQ = Patient Health Questionnaire; PRIME-MD = Primary Care Evaluation of Mental Disorders; PST = problem-solving therapy; pt(s) = participant(s); RCT = randomized controlled trial; SR = systematic review; TCA = tricyclic antidepressants; UC = usual care; vs = versus’ w/ = with.