Table E-56. Study quality for trials comparing antidepressant with placebo

Study	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Overall
Suvanto-Luukkonen 2005	Unc	Yes	Yes	Unc	Yes	Yes	Yes	Yes	Unc	Poor
Evans 2005	Yes	Unc	Unc	Unc	Yes	Unc	Yes	Yes	Unc	Poor
Kerwin 2007	Unc	Yes	Unc	Unc	No	Yes	Yes	Yes	Unc	Poor
Kalay 2007	Yes	No	Unc	Unc	No	Yes	Yes	Yes	Unc	Poor
Speroff 2008	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Good
Soares 2008	Yes	Yes	Unc	Unc	No	Yes	Yes	Yes	Unc	Poor
Archer 2009	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Fair
Archer 2009	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Good
Kornstein 2010	Yes	Yes	Unc	Yes	No	Yes	Yes	Yes	No	Poor
Soares 2010	Yes	Yes	Unc	Yes	No	Yes	Yes	Yes	Yes	Good
Freeman 2011	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Good
Bouchard 2012	Unc	Yes	Unc	Yes	No	Yes	Yes	Yes	Yes	Poor
Pinkerton 2012	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Good
Simon (Study 2) 2013	Yes	Yes	Unc	Yes	No	Yes	Yes	Yes	Yes	Fair
Pinkerton 2013	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Good
Simon (Study 1) 2013	Yes	Yes	Unc	Yes	No	Yes	Yes	Yes	Yes	Fair

(a): data came from a conference abstract; (c): data came from posted results on the clinical trial registry; CEE: conjugated equine estrogen; (d): duplicate patient population with other included article; (m): trial contains data from multiple publications; MPA: medroxyprogesterone acetate; (SIP); data came from a package insert; Unc: uncertain

Q1: Was initial assembly of comparable groups: adequate randomization including equal distribution of potential confounders?

Q2: Were the researchers and subjects blinded to the study group assignment?

Q3: Was there adequate concealment of the study group assignments?

Q4: Was there maintenance of comparable groups (includes attrition, crossovers, adherence and contamination)?

Q5: Was there important differential loss to follow-up or overall high loss to follow-up?

Q6: Were measurements equal, reliable and valid (includes masking of outcome assessment)?

Q7: Were definitions of interventions clear?

Q8: Were all important outcomes considered and defined?

Q9: At analysis, was there adjustment for potential confounders (cohort studies) and intention-to-treat analysis (RCTs)?

Q10: Overall Quality Asessment