Table E10. Benefits and risks of second-generation antidepressants compared with acupuncture monotherapy

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| --- | --- | --- | --- | --- | --- | --- |
| Outcomes | Anticipated Absolute Effectsa:  *Benefit and risk with Acupuncture* | Anticipated Absolute Effectsa (95% CI):  *Benefit and risk with SGA* | Relative Effect (95% CI) | Number of Participants  (Trials) | Strength of Evidence | Comments |
| **Response** Assessed with: HAM-D followup: mean 6 weeks | 55 per 100 | 63 per 100 (49 to81) | RR, 1.15 (0.89 to 1.47) | 173 (2 trials21,22) | Lowb,c | Direct evidence limited to comparisons of fluoxetine vs acupuncture. Results consistent with NWMA comparisons to SGA medications (RR, 0.75, 95% CI, 0.43-1.30). |
| **Remission** Assessed with: HAM-D followup: mean 6 weeks | NA | NA | NA | 0 (0 trials) | Insufficient | None |
| **Quality of life** | NA | NA | NA | 0 (0 trials) | Insufficient | None |
| **Functional capacity** | NA | NA | NA | 0 (0 trials) | Insufficient | None |
| **Suicidal ideas or behaviors** | NA | NA | NA | 0 (0 trials) | Insufficient | None |
| **Serious adverse events** | NA | NA | NA | 0 (0 trials) | Insufficient | None |
| **Overall risk for adverse events: direct evidence**  Followup: mean 6 weeks | 6 per 100 | 4 per 100 (1 to 24) | RR, 0.69 (0.12 to 3.98) | 98 (1 trial21) | Insufficientd,e | None |
| **Overall risk for adverse events: indirect evidence**  Followup: mean 8 weeks | 10 per 100 | 40 per 100 (35 to 47) | RR, 3.96 (3.4 to 4.62) | 3128 (21 trials as reported in Zhang et. al.,23) | Moderatef | A systematic review which did not meet our eligibility criteria because it also included other depressive disorders than MDD provides the most comprehensive assessment of the comparative risk of harms between SGAs and acupuncture. |
| **Overall discontinuation** Followup: mean 6 weeks | 56 per 100 | 2 per 100 (0 to 31) | RR, 0.03 (0 to 0.56) | 50 (1 trial22) | Insufficiente,g,h | None |

Table E10. Benefits and risks of second-generation antidepressants compared with acupuncture monotherapy (continued)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Outcomes | Anticipated Absolute Effectsa:  *Benefit and risk with Acupuncture* | Anticipated Absolute Effectsa (95% CI):  *Benefit and risk with SGA* | Relative Effect (95% CI) | Number of Participants  (Trials) | Strength of Evidence | Comments |
| **Discontinuation because of adverse events** | NA | NA | NA | 0 (0 trials) | Insufficient | None |

a The risk in the intervention group (and its 95% CI) is based on the assumed risk in the comparison group and the relative effect of the intervention (and its 95% CI).

b Downgraded for risk of bias: high dropout; uncertainty about randomization and allocation concealment; no masking of outcome assessors.

c Downgraded for imprecision: few events not meeting optimal information size (OIS).

d Downgraded for risk of bias: validity of data in question due to lack of reporting about key components of study design, including randomization, allocation concealment, between-group similarity of baseline characteristics, and use of blinded outcome assessment.

e Downgraded 2 steps for serious imprecision: very few events; 95% confidence interval crosses both thresholds of appreciable differences.

f Downgraded for indirectness: numbers are based on a systematic review that included all depressive disorders and some first generation antidepressants.

g Downgraded for risk of bias: outcome reporting bias in that only 1 of 3 available trials comparing SGAs with acupuncture reported overall risks of adverse events.

h Not upgraded for large effect because of extreme imprecision.

CI = confidence interval; HAM-D = Hamilton Depression Rating Scale; ITT = intent-to-treat; NA = not applicable; NWMA = network meta-analysis; RR: Risk ratio; SGA = second-generation antidepressant