Table E2. Benefits and risks of second-generation antidepressants compared with combinations of second-generation antidepressants and cognitive behavioral therapy

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| --- | --- | --- | --- | --- | --- | --- |
| Outcomes | Anticipated absolute effectsa:  *Benefit and risk with combination of SGA and CBT* | 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: MADRS or HAM-D Followup: mean 12 weeks | 68 per 100 | 70 per 100 (58 to 85) | RR, 1.03 (0.85 to 1.26) | 174 (2 trials4,10) | Lowb,c | Comparison limited to escitalopram, fluvoxamine, or paroxetine and problem solving therapy or telephone CBT. |
| **Remission** Assessed with: MADRS or HAM-D Followup: mean 12 weeks | 55 per 100 | 58 per 100 (45 to 76) | RR, 1.06 (0.82 to 1.38) | 174 (2 trials4,10) | Lowb,c | Comparison limited to escitalopram, fluvoxamine, or paroxetine and problem solving therapy or telephone CBT. |
| **Quality of life** | NA | NA | NA | 0 (0 trials) | Insufficient | None |
| **Functional capacity** Assessed with: Multiple scales  Followup: mean 12 weeks | Patients receiving the combination reported greater improvement on 3 of 5 work functioning measures compared with patients on SGA alone | Patients receiving the combination reported greater improvement on 3 of 5 work functioning measures compared with patients on SGA alone | Not estimable | 170 (2 trials4,10) | Lowb,c | Comparison limited to escitalopram, fluvoxamine, or paroxetine and problem solving therapy or telephone CBT. |
| **Suicidal ideas or behaviors** | NA | NA | NA | 0 (0 trials) | Insufficient | None |
| **Serious adverse events** | NA | NA | NA | 0 (0 trials) | Insufficient | None |
| **Risk for overall adverse events** | NA | NA | NA | 0 (0 trials) | Insufficient | None |
| **Overall discontinuation** Followup: mean 16 weeks | 16 per 100 | 12 per 100 (6 to 26) | RR, 0.77 (0.37 to 1.6) | 176 (2 trials4,10) | Lowe | Comparison limited to escitalopram with escitalopram combined with telephone CBT |

Table E2. Benefits and risks of second-generation antidepressants compared with combinations of second-generation antidepressants and cognitive behavioral therapy (continued)

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| --- | --- | --- | --- | --- | --- | --- |
| Outcomes | Anticipated absolute effectsa:  *Benefit and risk with combination of SGA and CBT* | 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**  Followup: mean 12 weeks | 2 per 100 | 7 per 100 (2 to 27) | RR, 2.93f (0.72 to 11.91) | 176 (2 trials4,10) | Lowd,e | Comparison limited to escitalopram with escitalopram combined with telephone CBT |

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

b Downgraded for inconsistency: inconsistent direction of point estimates.

c Downgraded for imprecision: sample size that does not fulfill optimal information size (OIS).

d Downgraded 2 steps for imprecision: very few events; very wide 95% confidence interval across both thresholds of appreciable differences.

e RR corrected for zero cell case.

CBT = cognitive behavioral therapy; CT = cognitive therapy; MADRS = Montgomery-Åsberg Depression Rating Scale; NA = not applicable; RR = risk ratio; SGA = second-generation antidepressant