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-DFollowup: 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-DFollowup: 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 scalesFollowup: 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