Table E8. Benefits and risks of second-generation antidepressants compared with any psychological therapy monotherapy

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Outcomes | Anticipated absolute effectsa:*Benefit and risk with any psychological therapy* | Anticipated absolute effectsa (95% CI):*Benefit and risk with SGAs*  | Relative effect(95% CI)  | Number of participants (Trials)  | Strength of evidence  | Comments |
| **Response** | NA  | NA  | NA | 0 (0 trials) | Insufficient | None  |
| **Remission** | 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**Followup: range 8 to 16 weeks | 7 per 100  | 10 per 100 (6 to 16)  | RR, 1.36(0.87 to 2.14) | 796(4 trials2,5,9,11,18)b | Lowc,d | Interventions limited to: 1) fluoxetine, paroxetine, citalopram, sertraline, escitalopram, sertraline, and 2) CBT, short-term psychodynamic therapy, interpersonal therapy, integrative therapy, and third-wave CBT  |
| **Serious adverse events**Followup: mean 8 weeks | NA | NA | RR, 4.54e(0.25 to 82.92) | 180(1 trial2,9) | Insufficient f, g | Interventions limited to paroxetine and CBT  |
| **Overall risk for adverse events:** Followup: mean 14 weeks  | 1 per 100  | 16 per 100 (2 to 100)  | RR, 17.84(2.32 to 137.4) | 170(1 trial1) | Insufficient g,h | Interventions limited to fluoxetine and CBT  |
| **Overall discontinuation** Followup: range 8 to 16 weeks | 13 per 100  | 19 per 100 (12 to 30)  | RR, 1.47(0.94 to 2.30) | 1092(7 trials1,2,4,5,9,11,16,20) | Moderatec | Interventions are limited to: 1) fluoxetine, fluvoxamine, paroxetine, sertraline, and 2) behavioral activation, cognitive therapy, problem solving therapy, rational emotive behavior therapy, short-term psychodynamic supportive psychotherapy |

Table E8. Benefits and risks of second-generation antidepressants compared with any psychological therapy monotherapy (continued)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Outcomes | Anticipated absolute effectsa:*Benefit and risk with any psychological therapy* | Anticipated absolute effectsa (95% CI):*Benefit and risk with SGAs*  | Relative effect(95% CI)  | Number of participants (Trials)  | Strength of evidence  | Comments |
| **Discontinuation because of adverse events** Followup: range 8 to 16 weeks | 2 per 100  | 6 per 100 (2 to 18)  | RR, 2.73(0.89 to 8.38) | 871(5 trials 2,4,5,9,11,20) | Moderatec | Interventions are limited to: 1) fluoxetine, fluvoxamine, paroxetine, sertraline, and 2) behavioral activation, cognitive therapy, problem solving therapy, rational emotive therapy |

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

b Includes data from three high risk of bias studies because sensitivity analysis including those studies led to findings with different directionality than primary analysis.

c Downgraded for imprecision: few events.

d Downgraded for risk of bias: very high attrition in two studies, and use of completers analysis only for suicidality data in a third study.

e RR corrected for zero cell cases.

f Downgraded 2 steps for serious imprecision: very few events, 95% confidence interval extremely wide and crosses both thresholds of appreciable differences.

g Downgraded for risk of bias: serious adverse events data that was received from authors reported only for study completers.

h Downgraded for risk of bias: overall risk of adverse events reported only for study completers.

CBT = cognitive behavioral therapy; CI = confidence interval; CT = cognitive therapy; NA = not applicable; RR = risk ratio; SGA = second-generation antidepressant