## Characteristics of included studies

<table>
<thead>
<tr>
<th>Study</th>
<th>Methods</th>
<th>Participants</th>
<th>Interventions</th>
<th>Outcomes</th>
<th>Notes</th>
<th>AC</th>
</tr>
</thead>
</table>
| Burnand 2002   | Allocation: random (no details except stratified by presence of personality disorder, previous episodes, gender) Duration: 10 weeks | Outpatients referred for acute outpatient treatment at a community mental health centre N = 95; 45 female, mean age 36 Diagnosis: DSM-IV MDD and HRSD >= 20 (mean baseline: combination 24.3 (+-3.2); AD only 24 (+-2.9)) | 1. Psychodynamic psychotherapy + clomipramine (dose as below)  
2. Clomipramine 125 mg by day 6 (switched to 20-40mg citalopram in cases of bad side effects n=6) + supportive therapy (individual sessions aimed at providing empathetic listening, guidance, support and facilitation of an alliance by one carefully designated caregiver) | 1. Leaving the study early for any reason  
2. HRSD at endpoint (completers only)  
3. Non-remitters (HRSD > 7) (from personal communication with authors) | Nursing teams were trained for 6 months in the use of specific manuals - those providing psychotherapy (n=4) had experience in crisis intervention practice under psychodynamic supervisions (>2 years) and received weekly supervisions with a psychoanalyst | B |
| Gallaghere-Th94 (US) | Allocation: random (no details) Duration: 16-20 sessions, twice a week for first 4 weeks, then once a week for remainder of therapy (20 weeks) | Outpatients - caregivers recruited through referrals from health care professionals approached by letter. N = 66, 61 female, mean age 62 (+-9.7) Diagnosis: RDC definite or probable major depression (n=45), RDC minor depression (n=20) or intermittent depressive disorder (n=1) (mean baseline BDI 19.2 (+-)). Cared for elderly relatives. | 1. CT following Beck et al (1979) and Lewinsohn et al (1985)  
2. Brief psychodynamic therapy (Mann, 1973) | 1. Still meeting RDC criteria for major/minor/intermittent depression at endpoint and at 3-month follow-up  
2. Leaving the study early | 13 therapists, each saw at least 1 client. 4 were skilled in both therapies, so treated clients in both conditions. 2 had terminal master's degrees in social work, rest were PhD-level psychologists. All had at least 1 year of supervised experience doing psychotherapy with depressed elderly people. 1 and 2 not extracted: means/SDs presented by short-term or long-term carer, but not possible to discover 'n' used. | B |
| McLean 1979 (Can) | Allocation: random (no details) Duration: 10 weeks, weekly 1-hour sessions | Outpatients recruited through a 3-stage screening process: telephone, clinical interview and psychometric evaluation N = 154; out of initial 196 recruited, 141 female, mean age, 39.2 (+-10.9) Diagnosis: Feighner et al (1972), MMPI >=25 for men, >=29.5 for women; BDI >=23; Lubin's Depression Adjective Check List >=14 | 1. Short-term psychotherapy - following Marmor (1973, 1975), Wolberg (1967), goals were development of insight through psychodynamic forces that initiated the current depression  
2. Behaviour therapy - helped clients to avoid their negative and introspective cognitive habits  
3. Amitriptyline started at 75 mg, raised to 150mg, weaned at the rate of 25mg/day  
4. Relaxation therapy - goals were to appreciate the relation between muscle | 1. Leaving the study early | 7 female and 7 male therapists - licensed psychologists, physicians, or psychiatrists. Efficacy data not extracted since post-treatment sample included replacers. | B |
tension and depression and to return to his or her level of pre-episode physical functioning by developing a significantly increased ability to relax tension in all muscle groups (data not extracted)

Shapiro (Mild)  
Mild defined as BDI scores 16-20  
Data from mild, moderate and severe cases reported separately.

Shapiro (Mod)  
See Shapiro 1994  
Moderate defined as BDI scores 21-26  
Data from mild, moderate and severe cases reported separately.

Shapiro 1994 (UK)  
Allocation: random  
Duration: 8- & 16-week versions of therapies (only 16 week extracted). 1-hour weekly sessions.  
Follow-up at 45 weeks after pre-screening - for 16-week therapy, equivalent to 15 weeks after end of treatment.  
Outpatients, recruited from self-referrers responding to recommendations by occupational health personnel or responding to publicity materials distributed at the workplace or by GPs, or referred directly by GPs or mental health services. N = 117, 61 female, mean age 40.5 (+/-9.5) Diagnosis: DSM-III for MDD  
1. CBT - a multimodal method somewhat more behavioural in emphasis than Beck et al, 1979.  
2. Psychodynamic-interpersonal psychotherapy - based on Hobson's conversational model  
BDI mean scores endpoint, 6-month and 12-month follow-up  
Five therapists - UK-trained clinical psychologists, 2 had post-qualification training in PI methods and trained the others. All had at least 2 training cases in each treatment x duration conditions. Only data for 16-week therapy conditions extracted as most comparable with other studies. 25 participants on medication at beginning of study - not clear if still the case at the end.

<table>
<thead>
<tr>
<th>Study</th>
<th>Reason for exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barkham1996 (UK)</td>
<td>No extractable data</td>
</tr>
<tr>
<td>Kornblith1983 (US)</td>
<td>Participants not randomised to treatment groups</td>
</tr>
<tr>
<td>Lipman1976 (US)</td>
<td>Used brief supportive contact therapy; open-ended groups - depressed non-study patients used to maintain size of groups</td>
</tr>
<tr>
<td>Luborsky1996 (US)</td>
<td>Not an RCT</td>
</tr>
<tr>
<td>McLean1990 (Can)</td>
<td>No extractable data</td>
</tr>
<tr>
<td>McLean1992 (Can)</td>
<td>Dropouts replaced, not clear if randomly assigned</td>
</tr>
<tr>
<td>Solomon1995 (US)</td>
<td>Not an RCT</td>
</tr>
<tr>
<td>Thompson1987 (US)</td>
<td>(CBT vs psychodynamic) Not clear what N's are used in table reporting outcome measures; dropout data not fully reported</td>
</tr>
</tbody>
</table>