### Comparisons Included in this Clinical Question

<table>
<thead>
<tr>
<th></th>
<th>BERLIN2003</th>
<th>PASSMORE2006</th>
<th>DUNN2005</th>
<th>SINGH2005D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aerobic exercise versus aerobic exercise + cognitive technique versus control</td>
<td>Aerobic exercise versus aerobic exercise + resistance exercise</td>
<td>Different energy expenditure (low to 'public health') versus control</td>
<td>High intensity weight training versus low intensity weight training versus GP care</td>
<td></td>
</tr>
<tr>
<td>Home-based physical activity versus supervised physical activity versus antidepressant therapy versus placebo</td>
<td>BERLIN2003</td>
<td>PHARMACOTHERAPY2007</td>
<td>BLUMENTHAL2007</td>
<td>BRADFORD2008</td>
</tr>
<tr>
<td></td>
<td>Pharmacological therapy versus psychotherapy + physical activity</td>
<td>Physical activity + increased natural light exposure + vitamins vs placebo</td>
<td>Physical activity versus control</td>
<td>BLUMENTHAL2007</td>
</tr>
<tr>
<td>Physical activity versus waitlist</td>
<td>Supervised aerobic versus home-based aerobic versus sertraline versus placebo</td>
<td>Yoga versus health education</td>
<td></td>
<td>BLUMENTHAL2007</td>
</tr>
<tr>
<td></td>
<td>HABOUSH2006</td>
<td>HOFFMAN2008</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Characteristics of Included Studies

#### BERLIN2003

<table>
<thead>
<tr>
<th>Methods</th>
<th>Participants</th>
<th>Outcomes</th>
<th>Interventions</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Type: RCT</td>
<td>n= 55</td>
<td>Data Used</td>
<td>Group 1 N=19</td>
<td>SIGN 1-: funding details not stated.</td>
</tr>
<tr>
<td>Type of Analysis: Completers</td>
<td>Age: Mean 40</td>
<td>BDI change score</td>
<td>Physical activity - Once a week for 4 weeks. 10 minutes of unstructured warm up. 30 minutes of instructor-led pool exercise (water walking, upper body exercises, neck exercises, shoulder movements, lower body exercises, stretching and breathing moves &amp; 5 minutes cool down)</td>
<td></td>
</tr>
<tr>
<td>Blindness: Open</td>
<td>Sex: 25 males 30 females</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration (days): Mean 504</td>
<td>Diagnosis: 100% No formal diagnosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Setting: Referred by unit physician at adult psychiatric hospital; USA</td>
<td>Exclusions: Declined participation in the study, discharged after the initial BDI, but before completing the program, changed their minds about participation, or removed from analysis due to excessively long length of stay.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notes: Participants completed the BDI themselves. Three intervention groups were rotated by the toss of a coin. No details of randomisation. Info on Screening Process: 94 referred, 44 were excluded. Reasons; declined participation in the study, discharged after the initial BDI but before completing the programme, changed their minds about participation, or removed from analysis due to excessively long length of stay. Notes: Patients displayed depressive symptoms. Patients were included in the analyses if they had initial BDI scores of 14 or greater. Baseline: Aquatic Dual Control BDI 23.79 (7.0) 25.37 (8.3) 25.95 (12.0)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Results from this paper:</td>
<td>Aquatic (N=19) Control (N=20)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BDI Change</td>
<td>-11.15 (11.2)</td>
<td>-13.37 (2.3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOFFMAN2008</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### BLUMENTHAL2007

| Study Type: RCT | n= 202 | Data Used | Group 1 N=51 | SIGN 1+: funded by Grant MH 49679 (JAB) from the National Institutes of Health, National Institute of Mental Health Grant MO1 RR-30 from the National Center for Health Services Research. |
| Study Description: Double-blind where pharmacological treatment used, otherwise single-blind. | Age: Mean 52 | HAM-D | Physical activity (supervised) - 3 times a week for 16 weeks - Aerobic exercise. 10 minute warm-up. 30 minutes of instructor-led pool exercise. 5 minutes of cognitive techniques. Content of cognitive sessions changed every week. Group 3 N=20 Control - No intervention. |
| Type of Analysis: ITT; LOCF method | Sex: 49 males 153 females | | |
| Diagnosis: | | | | |
Blindness: Double blind
Duration (days): Mean 112

Setting: Television, radio and newspaper advertisements; USA
Notes: Parallel groups. Prescribed zolpidem for insomniac participants. Identifies early and late responders. Computer generated, conditional randomisation.
Info on Screening Process: 457 patients screened. 255 excluded; 132 did not meet the criteria for MDD, 47 withdrew consent, 40 had an excluding psychiatric comorbidity, and 33 were ruled out for other reasons.

100% MDD or minor depression or dysthymia by DSM-IV SCID

Exclusions: Presence of another primary psychiatric diagnosis, under 40 years of age, currently involved in regular exercise, currently involved in psychiatric treatment, medical comorbidities, current use of antidepressants or other psychotropic medications, dietary supplements or herbal therapies with purported psychoactive indications, current active alcohol or drug misuse or dependence, or active suicidal intent.
Notes: Participants obtaining a BDI score either equal to or greater than 12 met the DSM-IV criteria for MDD and were recruited. MDD severity was assessed using the HAM-D.
Baseline: BDI (21 item): 30.0 (8.0), Home = 31.0 (9.0), Sertraline = 30.0 (8.0), Placebo = 31.0 (8.0), HAM-D (17 item): Supervised = 16.0 (4.0), Home = 17.0 (5.0), Sertraline = 16.0 (4.0), Placebo = 17.0 (4.0)

BROWN2001
Study Type: RCT
Type of Analysis: ITT
Blindness: Single blind
Duration (days): Mean 56
Setting: Mass media (particularly focusing on recruiting black communities); USA
Notes: Randomised by independent consulting statistician. May not have been depressed.
Info on Screening Process: No details given.

Results from this paper:

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Supervised (N=51)</th>
<th>Home (N=53)</th>
<th>Sertraline (N=49)</th>
<th>Placebo (N=49)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remission</td>
<td>23 (45%)</td>
<td>21 (40%)</td>
<td>23 (47%)</td>
<td>15 (31%)</td>
<td></td>
</tr>
</tbody>
</table>

Data Used
- Profile of mood states
- Rosenberg self-esteem scale
- CES-D
- Notes: Also used General Well-Being Schedule and Depression-Happiness Scale.

Results from this paper:

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Intervention</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>CES-D</td>
<td>10.4 (7.3)</td>
<td>16.7 (10.4)</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>58.8 (12.0)</td>
<td>48.8 (14.1)</td>
<td></td>
</tr>
<tr>
<td>POMS</td>
<td>39.6 (22.5)</td>
<td>60.4 (33.5)</td>
<td></td>
</tr>
</tbody>
</table>

Group 2 N 53
Pharmacological therapy - 50-200mg daily - Sertraline provided by Pfizer, Inc. Dosage depended on clinical response. Usually each patient received a starting dosage at 50mg and received increasing dosages to 200mg contingent on therapeutic response and presence of side effects.

Group 3 N 49
Pharmacological therapy - 50-200mg daily - Placebo provided by Pfizer, Inc. Received a starting dosage of 50mg and received increasing dosages to 200mg contingent on therapeutic response and presence of side effects.

Group 4 N 49
Placebo - 50-200mg daily - Placebo provided by Pfizer, Inc. Received a starting dosage of 50mg and received increasing dosages to 200mg contingent on therapeutic response and presence of side effects.
### BUTLER2008

**Study Type:** RCT  
**Type of Analysis:** Completers  
**Blindness:** No mention  
**Duration (days):**  
**Setting:** US  
**Notes:** RANDOMISATION: computer-generated random sequence  

<table>
<thead>
<tr>
<th>N</th>
<th>Group</th>
<th>Description</th>
<th>Duration</th>
<th>Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Meditation - Meditation and hatha yoga following Inner Resources (IR) programme (Waelde, 1999)</td>
<td>Eight weekly group sessions lasting 2 hours each, one 4 hour retreat and one booster session in week 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Hypnosis - Group led by psychiatrist or clinical psychologist</td>
<td>Ten weekly sessions lasting 1 1/2 hours each and one 2 hour booster session in week 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Control</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Baseline:**  
- HRSD: 15.87 (7.29)  
- HRSD 3 month follow-up: 12.33 (5.41)  
- HRSD endpoint: 15.81 (8.01)  

**Data Not Used:**  
- CDRS-SR - not relevant

**Notes:**  
- Randomisation: computer-generated random sequence
- Setting: US
- Duration (days):  
- Blindness: No mention
- Study Type: RCT
- Type of Analysis: Completers
- Diagnosis: 50% Dyshymia by DSM-IV  
28% Double depression by DSM-IV  
15% MDD in partial remission by DSM-IV  
7% Chronic major depression by DSM-IV
- Exclusions: Symptoms lasting <2 years; remission of 2 months or more in past 2 years; <18 years of age; not sufficiently proficient in English; unable to attend meetings; current bipolar disorder or psychotic features; psychosis; panic disorder; drug or alcohol dependence (past 3 months); suicidality; significant medical condition; current participation in individual or group psychotherapy or group meditation; started or recently changed prescribed antidepressant or ST John's Wort (past 3 months)

### DUNN2005

**Study Type:** RCT  
**Type of Analysis:** ITT; LOCF method.  
**Blindness:** Single blind  
**Setting:** Mass media; USA  
**Notes:** Randomisation was implemented with sequentially numbered, opaque, sealed envelopes.

**Info on Screening Process:**  
- 765 screened. 685 excluded; 430 didn't meet inclusion criteria, 192 refused to participate and 51 excluded for other reasons.

<table>
<thead>
<tr>
<th>N</th>
<th>Group</th>
<th>Description</th>
<th>Duration</th>
<th>Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>Physical activity - 3 times a week for 12 weeks - LD3. Weekly energy expenditure; 7kcal/kg/week</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Physical activity - 5 times a week for 12 weeks - LD5. Weekly energy expenditure; 7kcal/kg/week</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Physical activity - 3 times a week for 12 weeks - PHD3. Weekly energy expenditure; 17.5kcal/kg/week</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Physical activity - 5 times a week for 12 weeks - PHD5. Weekly energy expenditure; 17.5kcal/kg/week</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Control - 3 times a week for 12 weeks - 3 days a week of stretching flexibility exercise for 15-20 minutes per session</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Baseline:**  
- HRSD: 19.3 (2.6); LD5 = 19.2 (2.3); PHD3 = 19.1 (1.8); PHD5 = 19.1 (2.2); Control = 20.5 (2.4)

**Notes:**  
- Randomisation was implemented with sequentially numbered, opaque, sealed envelopes.
- Setting: Mass media; USA
- Duration (days): Mean 84
- Blindness: Single blind
- Study Type: RCT
- Type of Analysis: ITT; LOCF method.
- Diagnosis: 100% MDD or minor depression or dysthymia by DSM-IV SCID
- Exclusions: 160% over ideal weight, consumption of over 21 alcoholic drinks per week, attempt of suicide in the last 2 years or at suicidal risk assessed by SCID interview, hospitalisation for a psychiatric disorder in the last 5 years, current participation in other clinical trials, plans to move from the Dallas area in the next 6 months, current substance abuse or recreational drug use ascertained by SCID diagnosis and urinanalysis testing, inability to exercise due to a medical condition, or for women, planned pregnancy or current pregnancy.

**Results from this paper:**

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Description</th>
<th>Duration</th>
<th>Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>16</td>
<td>Physical activity - 3 times a week for 12 weeks - LD3. Weekly energy expenditure; 7kcal/kg/week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>18</td>
<td>Physical activity - 5 times a week for 12 weeks - LD5. Weekly energy expenditure; 7kcal/kg/week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>17</td>
<td>Physical activity - 3 times a week for 12 weeks - PHD3. Weekly energy expenditure; 17.5kcal/kg/week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>16</td>
<td>Physical activity - 5 times a week for 12 weeks - PHD5. Weekly energy expenditure; 17.5kcal/kg/week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>13</td>
<td>Control - 3 times a week for 12 weeks - 3 days a week of stretching flexibility exercise for 15-20 minutes per session</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### HABOUSH2006

**Study Type:** RCT  
**Type of Analysis:** Completers  

<table>
<thead>
<tr>
<th>N</th>
<th>Group</th>
<th>Description</th>
<th>Duration</th>
<th>Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Physical activity - Once per week for 8 weeks - 8 private ballroom dancing lessons based on 6 dances (foxtrot, waltz,</td>
<td></td>
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</tr>
</tbody>
</table>

**Notes:**  
- Randomisation: computer-generated random sequence
- Setting: US
- Duration (days):  
- Blindness: Single blind
- Study Type: RCT
- Type of Analysis: Completers
- Diagnosis: Mean 69
- Sex: 7 males 13 females

**Baseline:**  
- HRSD: 20.5 (2.4)

**Omission:**  
- Details of funding not stated.
HRSD Notes: Also used the Therapeutic Reactance Scale and a self-efficacy measure.

Diagnosis:
100% No formal diagnosis

Exclusions: Younger than 60 years of age, presence of terminal illnesses, presence of physical handicaps that would make dancing difficult, concurrent psychological or psychiatric treatment, presence of self-reported or evident thought disorders, bipolar disorder, alcoholism/substance dependence, or immediate suicide risk, a score of lower than 10 on the HRSD, and presence of apparent cognitive impairment as evidenced by a score of lower than 8 on the MSQ.

Notes: Score of 10 or above on the HRSD used to diagnose depression. Also used the Geriatric Depression Scale and SCL-90R.

Baseline: Exercise HRSD 17.33 (4.27) Wait-List 18.92 (5.01)

Results from this paper:

<table>
<thead>
<tr>
<th></th>
<th>Exercise</th>
<th>Wait-List</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRSD 8 weeks</td>
<td>12.80 (5.69)</td>
<td>16.00 (6.67)</td>
</tr>
<tr>
<td>HRSD 12 weeks</td>
<td>8.90 (6.61)</td>
<td>11.00 (5.15)</td>
</tr>
</tbody>
</table>

HOFFMAN2008

Study Type: RCT
Type of Analysis: ITT: LOCF
Blindness: Double blind in case of drug/placebo
Duration (days): Mean 112

Notes: RANDOMISATION: no details

n= 202
Age: Mean 52
Sex: 49 males 153 females

Diagnosis:
100% Major depression by DSM-IV

Exclusions: Presence of another primary psychiatric diagnosis, under 40 years of age, currently involved in regular exercise, currently involved in psychiatric treatment, medical comorbidities, current use of antidepressants or other psychotropic medications, dietary supplements or herbal therapies with purported psychoactive indications, current active alcohol or drug abuse or dependence, or active suicidal intent.

Baseline: HAMD: Supervised = 16.4 (3.7); Home-based = 17.3 (4.6); Sertraline = 16.1 (4.4); Placebo = 17.2 (4.3)

Knubbenn2007

Study Type: RCT
Type of Analysis: ITT
Blindness: Single blind
Duration (days): Mean 10 Range 10-10
Setting: Patients admitted to university hospital for treatment of a major depressive episode; Germany

Notes: No outcome data provided due to measures used. Participants were taking different antidepressants. Randomisation stratified based on antidepressant.

Baseline: 38 screened. 7 were excluded because they did not meet the inclusion criteria.

n= 38
Age: Mean 50
Sex: 17 males 21 females

Diagnosis:
34% Moderate depressive episode by DSM-IV
3% Dysthymia by DSM-IV
42% Intermittent depressive disorder by DSM-IV

Exclusions: Score equal to or less than 12 on the Bech-Rafaelsen Melancholy Scale (BRMS), aged below 20 and above 70 years, unable to walk, unable to understand written German, associated organic disease, schizophrenic symptoms, epilepsy or referral for electroconvulsive therapy.

Data Used
CES-D
Notes: Also used BRMS (Bech-Rafaelsen Melancholy Scale).

Results from this paper:

<table>
<thead>
<tr>
<th></th>
<th>Group 1</th>
<th>Group 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age: Mean 50</td>
<td>38</td>
<td>18</td>
</tr>
<tr>
<td>Sex: 17 males 21 females</td>
<td>17</td>
<td>18</td>
</tr>
</tbody>
</table>

Group 1 N= 20
Physical activity - 30 minutes daily for 10 days - Walking on treadmill daily for 30 minutes. Regimen designed according to an interval-training pattern.

Group 2 N= 18
Control - 30 minutes daily for 10 days - 30 minutes of light stretching.
### Notes

1 participant was diagnosed with a persistent affective disorder, whilst 7 participants were diagnosed with moderate to severe bipolar disorder.

### Baseline: Intervention vs Control

<table>
<thead>
<tr>
<th>BRMS</th>
<th>Control</th>
<th>17.6 (3.7)</th>
<th>18.7 (4.2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CES-D</td>
<td>Control</td>
<td>37.6 (12.9)</td>
<td>39.2 (8.5)</td>
</tr>
</tbody>
</table>

### Results from this paper:

<table>
<thead>
<tr>
<th>BRMS</th>
<th>Control</th>
<th>17.6 (3.7)</th>
<th>18.7 (4.2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CES-D</td>
<td>Control</td>
<td>37.6 (12.9)</td>
<td>39.2 (8.5)</td>
</tr>
</tbody>
</table>

### MATHER2002

**Study Type:** RCT  
**Type of Analysis:** Completers  
**Blindness:** Single blind  
**Duration (days):** Mean 70  
**Followup:** 34 weeks (238 days)  
**Setting:** Recruited by research nurse over 15 months from primary care; UK  
**Notes:** Computer generated randomisation. Used sealed envelopes.  
**Info on Screening Process:** 170 people screened. 84 excluded; 7 had no ongoing symptoms, 27 refused to participate, 45 had an absence of depressive symptoms, and 5 had medical contraindications.

### Data Used

- PGI  
- Geriatric depression scale  
- HRSD  

### Exclusions

No symptoms of depression, current alcohol or substance misuse, ongoing structured psychotherapy, participation in regular exercise more than twice weekly, specific medical contraindication to exercise, cognitive impairment (<26 on the MMSE), under 53 years of age, and GDS scores of under 10.

**Notes:** All patients had to have been in receipt of a therapeutic dose of antidepressant therapy for at least 6 weeks without evidence of a sustained response prior to study entry.

### Results from this paper:

<table>
<thead>
<tr>
<th>HRSD (17 item)</th>
<th>Exercise (N=43)</th>
<th>16.7 (-2.1 to 3.4)</th>
<th>Control (N=43)</th>
<th>17.4 (-2.1 to 3.4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRSD</td>
<td>10 weeks (CI)</td>
<td>12.6 (-1.6 to 3.9)</td>
<td>13.7 (-1.6 to 3.9)</td>
<td></td>
</tr>
<tr>
<td>HRSD</td>
<td>34 weeks (CI)</td>
<td>11.5 (-0.6 to 4.9)</td>
<td>13.7 (-0.6 to 4.9)</td>
<td></td>
</tr>
</tbody>
</table>

### PASSMORE2006

**Study Type:** RCT  
**Type of Analysis:** Not known  
**Blindness:** No mention  
**Duration (days):** Mean 21  
**Followup:** 12 weeks  
**Setting:** Acute care psychiatric treatment facility; USA/Canada?  
**Notes:** No details about randomisation. May need to exclude due to N.  
**Info on Screening Process:** Doesn’t mention.

### Data Used

- BDI

### Exclusions

History of drug abuse, history of eating disorders, history of psychotic episodes, and not physically capable of performing aerobic and resistance exercises.

### Results from this paper:

<table>
<thead>
<tr>
<th>BDI (21 item)</th>
<th>Exercise (N=11)</th>
<th>31.00 (9.03)</th>
<th>Combined (N=10)</th>
<th>34.00 (10.79)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BDI</td>
<td>at discharge</td>
<td>7.82 (3.22)</td>
<td>10.80 (4.78)</td>
<td></td>
</tr>
</tbody>
</table>
### PILU2007

**Study Type:** RCT  
**Type of Analysis:** Completers  
**Blindness:** No mention  
**Setting:** Clinical registries of psychiatric unit; Italy  
**Notes:** Randomised after stratification for comorbidity with anxiety disorders. 13 participants had anxiety disorders also. Info on Screening Process: 42 were eligible. 12 excluded; refused to participate.

### Data Used

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Notes: Also used CGI and GAF (not GAF-self).</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAM-D</td>
<td></td>
</tr>
<tr>
<td>Rem. (N)</td>
<td>11 (100%)</td>
</tr>
<tr>
<td>PILU2007</td>
<td></td>
</tr>
</tbody>
</table>

### Results from this paper:

<table>
<thead>
<tr>
<th>Cases (N=10)</th>
<th>Controls (N=20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAM-D</td>
<td></td>
</tr>
<tr>
<td>20.5 (7.1)</td>
<td>19.3 (5.7)</td>
</tr>
</tbody>
</table>

### SIMS2006

**Study Type:** RCT  
**Type of Analysis:** ITT  
**Blindness:** Open  
**Setting:** Recruited via general practices; Australia  
**Notes:** Self-assessed. Randomisation conducted centrally by independent person who ascertained person's allocation from previously block randomised list. Info on Screening Process: 73 people screened. 35 excluded; 14 on antidepressants, 10 medically ineligible and 11 couldn't participate for other reasons.

### Data Used

<table>
<thead>
<tr>
<th>Notes: HAP, PGMS, WHOQOL-BREF, PASE and Self Efficacy and the Decisional Balance Scale also used.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CES-D</td>
</tr>
<tr>
<td>Genetric depression scale</td>
</tr>
<tr>
<td>Rem. (N) 14</td>
</tr>
<tr>
<td>SIMS2006</td>
</tr>
</tbody>
</table>

### Results from this paper:

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>GDS</td>
<td></td>
</tr>
<tr>
<td>12.2 (5.2)</td>
<td>12.0 (4.3)</td>
</tr>
<tr>
<td>CES-D</td>
<td></td>
</tr>
<tr>
<td>18.3 (7.5)</td>
<td>15.3 (6.5)</td>
</tr>
</tbody>
</table>

### SINGH1997A

**Study Type:** RCT  
**Type of Analysis:** Completers  
**Blindness:** Single blind  
**Setting:** Recruited from the community through

### Data Used

<table>
<thead>
<tr>
<th>Notes: 53% MDD or minor depression or dysthymia by DSM-IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRSD</td>
</tr>
<tr>
<td>Genetric depression scale</td>
</tr>
<tr>
<td>Rem. (N) 32</td>
</tr>
<tr>
<td>SINGH1997A</td>
</tr>
</tbody>
</table>

### Results from this paper:

<table>
<thead>
<tr>
<th>Group 1 N=15</th>
<th>Physical activity - 3 times a week for 10 weeks - High progressive resistance training. Supervised. 1 hour followed by 5 minutes of stretching.</th>
</tr>
</thead>
<tbody>
<tr>
<td>GDS</td>
<td>12.6 (3.6) 12.2 (3.5) 19.7 (6.4) 16.6 (6.2)</td>
</tr>
<tr>
<td>CES-D</td>
<td>18.3 (7.5) 15.3 (6.5)</td>
</tr>
</tbody>
</table>
articles with sleep outcomes assessed. 32 participants' data is analysed.

Notes: Also used Pittsburgh Sleep Quality Index (PSQI), and Likert Scales of quality and quantity of Sleep.

2

N= 13

Group

Control - 2 days a week for 10 weeks - Supervised health education programme: 60 minutes. Interactive form of lectures and videos followed by discussion with participation encouraged. Topics were tailored to participants' requests.

Group 2 N= 13

Control - 2 days a week for 10 weeks - Supervised health education programme: 60 minutes. Interactive form of lectures and videos followed by discussion with participation encouraged. Topics were tailored to participants' requests.

TSANG2006

Study Type: RCT

Type of Analysis: Not known

Blindness: Single blind

Duration (days): Mean 112

Followup: 8 weeks (56 days)

Setting: Care homes; Hong Kong.

Notes: Details of randomisation not known.

Results from this paper:

High Intensity (N=18)   Low Intensity (N=17)  Control (N=19)

HRSD (17 item)  8.5 (5.5)                      12.4 (6.3)                    14.4 (6.0)

TSANG2006

Data Used

Geriatric depression scale

Group 2 N= 20

Physical activity - 3 times a week for 8 weeks - Low intensity weight training. Supervised high intensity PRT of the large muscle groups. Group resistance set at 80% of the one repetition maximum. 60 minutes followed by 5 minutes stretching.

Group 1 N= 20

Physical activity - 3 times a week for 8 weeks - High intensity weight training. Supervised high intensity PRT of the large muscle groups. Group resistance set at 80% of the one repetition maximum. 60 minutes followed by 5 minutes stretching.

Group 3 N= 20

Control - Standard care from their GP.

Results from this paper:

Weight Training (N=15)    Controls (N=13)

BDI                     21.6 (1.9)                          17.0 (1.5)

HRSD (17 item)  12.1 (0.9)                           11.3 (1.4)

SINGH2005D

Type of Analysis: Completers

Blindness: Single blind

Duration (days): Mean 56

Setting: Recruited through 42 individual GPs; Sydney, Australia.

Notes: Randomisation by computer generated random number permutation programme in blocks of 15.

Info on Screening Process: 451 screened. 391 excluded; not eligible or not interested.

Results from this paper:

High Intensity (N=18)   Low Intensity (N=17)  Control (N=19)

HRSD (17 item)  18.0 (4.5)         19.5 (5.3)        19.7 (3.9)

SINGH2005D

Study Type: RCT

Type of Analysis: Completers

Blindness: Single blind

Duration (days): Mean 56

Setting: Recruited through 42 individual GPs; Sydney, Australia.

Notes: Randomisation by computer generated random number permutation programme in blocks of 15.

Info on Screening Process: 451 screened. 391 excluded; not eligible or not interested.

Results from this paper:

Weight Training (N=15)    Controls (N=13)

BDI                     10.8 (2.6)                         11.8 (1.8)

HRSD (17 item)  5.8 (1.4)                          8.1 (1.3)

Notes: Also used Pittsburgh Sleep Quality Index (PSQI), and Likert Scales of quality and quantity of Sleep.

2

N= 13

Group

Control - 2 days a week for 10 weeks - Supervised health education programme: 60 minutes. Interactive form of lectures and videos followed by discussion with participation encouraged. Topics were tailored to participants' requests.

Group 2 N= 13

Control - 2 days a week for 10 weeks - Supervised health education programme: 60 minutes. Interactive form of lectures and videos followed by discussion with participation encouraged. Topics were tailored to participants' requests.

TSANG2006

Study Type: RCT

Type of Analysis: Not known

Blindness: Single blind

Duration (days): Mean 112

Followup: 8 weeks (56 days)

Setting: Care homes; Hong Kong.

Notes: Details of randomisation not known.
<table>
<thead>
<tr>
<th>Reference ID</th>
<th>Reason for Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHMADI2002</td>
<td>Cohort study (60 experienced body builders before and after exercising, 100 women new to body building vs. 100 experienced body builders, 40 women who had swum for less than 1 month vs. professional swimmers, looked at BDI scores).</td>
</tr>
<tr>
<td>BARTHOLOMEW2005</td>
<td>Only 1 hour long.</td>
</tr>
<tr>
<td>BODIN2004</td>
<td>Sample size too small (N=12, looked at high and stable self-efficacy exercise vs. low but increasing self efficacy exercise).</td>
</tr>
<tr>
<td>CHOU2004</td>
<td>Total N=14.</td>
</tr>
<tr>
<td>DAI1999</td>
<td>Pilot study unrelated to exercise (CBT of minor depressive symptoms in elderly Chinese Americans).</td>
</tr>
<tr>
<td>DOYNE1987</td>
<td>Don't provide no. of participants per treatment group. Cannot extract data (aerobic vs. non-aerobic exercise).</td>
</tr>
<tr>
<td>GUSI2008</td>
<td>&lt;50% met the criteria for depression.</td>
</tr>
<tr>
<td>KERR2008</td>
<td>No relevant comparaisons, no relevant outcomes</td>
</tr>
<tr>
<td>KIM2004</td>
<td>75.8% not depressed. Outcome measures used were State Anxiety Inventory (SAI), Depression Status Inventory (DSI) and Self-Esteem Inventory (SER) (meridian exercise vs. control).</td>
</tr>
<tr>
<td>KRISHNAMURTHY2007</td>
<td>No formal diagnosis.</td>
</tr>
<tr>
<td>LEGRAND2007</td>
<td>N too small (low frequency exercise vs. high frequency exercise vs. group based intervention with high frequency exercise).</td>
</tr>
<tr>
<td>LENZE2002</td>
<td>Used SAS as outcome measure. Only used randomised participants who had completed one year of therapy. Not exercise (nortriptyline + IPT vs. nortriptyline + clinic visits vs. placebo + psychotherapy vs. placebo + clinic visits).</td>
</tr>
<tr>
<td>LEPPAMAKI2002A</td>
<td>Not depressed.</td>
</tr>
<tr>
<td>MOTL2005</td>
<td>No formal diagnosis (walking vs. low intensity resistance/flexibility training).</td>
</tr>
<tr>
<td>NORTH1990</td>
<td>Review not RCT.</td>
</tr>
<tr>
<td>PENNIX2002</td>
<td>Not depressed.</td>
</tr>
<tr>
<td>SHERWOOD2008</td>
<td>No relevant outcomes, no relevant comparisons.</td>
</tr>
<tr>
<td>SINGH2001</td>
<td>No N per intervention.</td>
</tr>
<tr>
<td>VANDEVILET2003</td>
<td>Single case study data.</td>
</tr>
</tbody>
</table>
References of Included Studies

**BERLIN2003** (Published Data Only)

**BLUMENTHAL2007** (Published Data Only)

**BROWN2001** (Published Data Only)

**BUTLER2008** (Published Data Only)

**DUNN2005** (Published Data Only)

**HABOUSH2006** (Published Data Only)

**HOFFMAN2008** (Published Data Only)

**KNUBBEN2007** (Published Data Only)

**MATHER2002** (Published Data Only)

**PASSMORE2006** (Published Data Only)

**PILU2007** (Published Data Only)

**SIMS2006** (Published Data Only)

**SINGH1997A** (Published Data Only)

**SINGH2000D** (Published Data Only)

**TSANG2006** (Published Data Only)
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AHMADI2002 (Published Data Only)

BARTHOLOMEW2005 (Published Data Only)

BODIN2004 (Published Data Only)

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