Table E24. Benefits and risks of SGA augmentation compared with SGA augmentation for MDD in adults not responding to an initial adequate SGA treatment attempt

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| --- | --- | --- | --- | --- | --- | --- |
| Outcomes | Anticipated absolute effectsa:*Benefit and risk with SGA augmentation* | Anticipated absolute effectsa (95% CI):*Benefit and risk with SGA augmentation* | Relative effect(95% CI)  | Number of participants (Trials)  | Strength of evidence  | Comments |
| **Response**Assessed with QIDS-SR-16 Followup:14 weeks | 27 per 100  | 32 to 100 (25 to 41)  | RR, 1.18 (0.92 to 1.53)b  | 565 (1 trial50) | Lowc,d | Comparison limited to bupropion vs. buspirone augmentation of citalopram treatment. |
| **Remission**Assessed with HAM-D-17 or QIDS-SR-16Followup:14 weeks | 30 per 100  | 30 to 100 (23 to 38)  | RR, 0.99 (0.77 to 1.27)e, b | 565 (1 trial50) | Lowc,d | Comparison limited to bupropion vs. buspirone augmentation of citalopram treatment |
| **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** | 1 per 100 | 0 per 100 (0 to 3) | RR, 0.26 (0.03 to 2.28) | 565 (1 trial50) | Lowf | Comparison limited to citalopram augmentation with bupropion vs. citalopram augmentation with buspirone. |
| **Serious adverse events**Followup: 14 weeks | 4 per 100 | 4 per 100 (2 to 8) | RR, 0.85 (0.38 to 1.95) | 565 (1 trial50) | Lowe | Comparison limited to citalopram augmentation with bupropion vs. citalopram augmentation with buspirone. |
| **Risk for overall adverse events** | NA | NA | NA | 0 (0 trials) | Insufficient | None |
| **Overall discontinuation** | NA | NA | NA | 0 (0 trials) | Insufficient | None |

Table E24. Benefits and risks of SGA augmentation compared with SGA augmentation for MDD in adults not responding to an initial adequate SGA treatment attempt

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Outcomes | Anticipated absolute effectsa:*Benefit and risk with SGA aumentation* | Anticipated absolute effectsa (95% CI):*Benefit and risk with SGA augmentation* | Relative effect(95% CI)  | Number of participants (Trials)  | Strength of evidence  | Comments |
| **Discontinuation because of adverse events** Followup: 14 weeks | 21 per 100 | 13 per 100 (8 to 18) | RR, 0.61 (0.41 to 0.89) | 565 (1 trial50) | Moderated | Comparison limited to citalopram augmentation with bupropion vs. citalopram augmentation with buspirone. |

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 Crude RR.

c Downgraded for risk of bias: less than 80% of sample provided outcomes at study completion (~50% did); medication options not all maximized.

d Downgraded for imprecision: few events.

Downgraded 2 steps for serious imprecision: very small number of events; 95% confidence interval crosses both thresholds of appreciable differences.

CI = confidence interval; HAM-D-17 = Hamilton Depression Scale – 17; NA = not applicable; QIDS-SR = Quick Inventory of Depressive Symptoms – Self Report-16; RR = risk ratio; SGA = second-generation antidepressant