Suppl. Tab. Übersicht der eingeschlossenen Studien

Autor, Jahr	L	a/s	N	FB	Psychotherapie	Pharmakotherapie	Design	Outcome nach Akuttherapie	FU in Monaten	Art des FU	Outcome nach FU
Koppers et al. [2011]	NL	a	52	HAMD-17, CIDI	PDT 16 Sitzungen in 6 Monaten	Startmedikation: Venlafaxin (75 mg) Wechsel möglich: SSRI (vor allem Fluvoxamin); TCA (Nortriptylin); Nortriptylin + Lithium; 6 Monate	RCT PDT vs. PDT + AD	kein signifikanter Unterschied HAMD-17 ≤ 7 Genesung: PDT: 32,1%; PDT + AD: 42,4% [de Jonghe et al., 2004] für FU: 37% der Completer	60	keine Angaben	Rückfälle: PDT: 37%, PDT + AD: 44%; ⇒ PDT = PDT + AD
Maina et al. [2009]	I	a	92	HAMD-17	BDT 15–30 Sitzungen (M = 18,32; SD 8,46) in 6 Monaten	Paroxetin oder Citalopram (20–60 mg/Tag);6 Monate Akuttherapie; 6 Monate Erhaltungstherapie	RCT AD vs. BDT +AD	gleich wirksam: BDT + AD (64,1% remittiert); AD (61,4% remittiert) [Maina et al., 2007] für FU: nur Patienten mit Remission	FU-1: 6 + 24; FU-2: 6 + 48	die ersten 6 Monate Erhaltungs-AD naturalistisch	Rezidiv: FU-1/FU-2: 40,8%/46,9% (ADE); 25%/27,5% (BDT + ADE); ⇒ BDT + ADE > ADE
Dobson et al. [2008]	USA	a	92	BDI, HAMD-17	BA, KT max. 24 Sitzungen in 4 Monaten Akuttherapie	Paroxetin (max. 50 mg/Tag); 4 Monate Akuttherapie; 12 Monate Erhaltungstherapie, dann ein Teil weiterhin Medikation (ADE), ein Teil Placebo (PlaceboE)	RCT KT vs. BA vs. AD	BA vergleichbar mit AD; beides KT überlegen [Dimidjian et al., 2006] für FU: nur Patienten mit Ansprechen	FU-1: 12; FU-2: 24	Erhaltungstherapie mit AD naturalistisch	Rückfälle FU-1: KT: 39%, BA: 50%, ADE: 53%, PlaceboE: 59%; Anhaltendes Ansprechen FU-1: KT: 44%, BA: 34%, ADE: 23%, PlaceboE: 20%; Rezidiv FU-2: KT: 24%, BA: 26%, ADE: 52%; Anhaltende Genesung FU-2:

												KT: 35%, BA: 28%; ⇒ KT = BA = ADE >PlaceboE
Schramm et al. [2007] Zobel et al. [2011]	D	s	97	HAMD-17, BDI	IPT 15 Einzel- (M = 12,8; SD 2,75) und 8 Gruppensitzungen in 5 Wochen	Startmedikation: Sertralin; ITT: 90,2 mg/Tag (SD 43,9 mg/Tag); Completer: 86,03 mg/Tag (SD 41,9 mg/Tag) Wechsel möglich: Amitriptylin / Amitriptylinoxid; ITT: 175,43 mg/Tag (SD 66,9 mg/Tag); Completer: 182,17 mg/Tag (SD 69,7 mg/Tag)	RCT IPT + AD vs. AD + CM	IPT + AD = AD + CM Ansprechen: 70% (IPT + AD); 49% (AD + CM) für FU: Completer und ITT	FU1: 12; FU2: 7512	naturalistisch, Behandlung im FU1: 89% insgesamt; IPT: 69% (AD), 75% (Psychotherapie); AD: 79% (AD), 59%(Psychotherapie); Behandlung im FU2 insgesamt (kein signifikanter Unterschied zwischen IPT und AD): 56 % (PT), 80 % (AD)	Rückfälle FU1: IPT+AD: 7-13% ; AD: 29-32% Anhaltendes Ansprechen: IPT+AD : 69 %, AD+CM: 36% Anhaltende Remission: IPT+AD: 35 %, AD+CM: 20% ⇒ IPT+AD > AD Rezidiv FU2: IPT+CM: 33%, AD+CM : 31% Anhaltende Remission: IPT+AD: 28 %, AD+CM: 11 % ⇒ IPT+AD > AD
Mynors-Wallis et al. [2000]	UK	a	113	HAMD-17	PL 6 Sitzungen in 12 Wochen	Fluvoxamin (100 mg/Tag); Paroxetin (20 mg/Tag); 12 Wochen	RCT PL (Arzt) vs. PL (Pflege) vs. AD vs. PL + AD	PL = A = AD + PL für FU: nur Completer	52	naturalistisch	Genesung: PL Arzt: 62%, PL Pflege: 56%, AD: 56%, PL + AD: 66%; ⇒ PL = AD = AD + PL	
de Jong-Meyer et al. [1996]	D	a, s	155	BDI, HAMD	KVT 8 Wochen	Amitriptylin (150 mg/Tag); 8 Wochen	RCT KVT + AD vs. AD + CM	KVT + AD = AD +CM (keine signifikanten Unterschiede); (s > a)	12	naturalistisch	Ansprechen: a: AD + CM: 33%, KVT + AD: 64–71%; s: AD + CM: 67–69%, KVT + AD: 49–68%; ⇒ KT + AD = KT + CM	
Blackburn	UK	a	36	BDI	KT	keine Vorschriften, meist	RCT	a: KT + AD = KT >	24	Erhaltungstherapie	Rückfälle:	

et al.[1986]				12–15 Wochen nach Akuttherapie 6 Monate lang jede 6. Woche Booster-Sitzungen	Amitriptylin oder Clomipramin (150 mg/Tag); 12–15 Wochen; 6 Monate Erhaltungstherapie	KT vs. AD vs. KT + AD	AD s: KT + AD > KT = AD [Blackburn und Bishop, 1983; Blackburn et al., 1981] für FU: nur Patienten mit Ansprechen	für die ersten 6 Monate naturalistisch (6–24 Monate)	KT: 23%, AD: 78%, KT + AD: 21%; ⇒ KT = KT + ADE > ADE
Evans et al. [1992]	USA	a 44	BDI, HAMD-17	KT max. 20 Sitzungen in 12 Wochen	Imipraminhydrochlorid (75–300 mg/Tag); 12 Wochen nur ein Teil bekommt Erhaltungstherapie	RCT KT vs. AD vs. KT + AD	alle Behandlungsarme 24 gleich wirksam; [Hollon et al., 1992] für FU: nur Patienten mit Ansprechen	medikamentöse Erhaltungstherapie für die ersten 12 Monate; nicht bei KT / KT + AD naturalistisch	Rückfälle: AD: 50%, KT + AD: 15%, KT: 21%, AD_E: 32%; ⇒ KT = AD_E = KT + AD > AD
Shea et al. [1992]	USA	a 76	LIFE-II-II, HAMD-17	KVT, IPT für 16 Wochen	Imipraminhydrochlorid; Woche 4: 163 mg/Tag; Woche 8: 231 mg/Tag; 16 Wochen	RCT KVT vs. IPT vs. AD + CM vs. Placebo + CM	alle Behandlungsarme 18 gleich wirksam [Elkin et al., 1989] für FU: kein Ausschluss, aber Fokus auf Patienten mit Therapieerfolg	naturalistisch Behandlung im FU: KVT: 14%, IPT: 43%, Imipramin +CM: 44%, Placebo + CM: 27%	Rückfälle: KVT: 36%, IPT: 33%, AD + CM: 50%, Placebo + CM: 33%; Genesung: KVT: 30%, IPT: 26%, AD + CM: 19%, Placebo +CM: 20%; ⇒ KVT = IPT = AD + CM = Placebo + CM
Simons et al. [1986]	USA	a 70 (44 Responder)	BDI, HAMD	KT max. 20 Sitzungen in 12 Wochen	Nortriptylin + max. 12 CM–Sitzungen; 12 Wochen	RCT KT vs. AD vs. KT + Placebo vs. KT + AD FU: Angaben beziehen sich auf Patienten	alle Behandlungsarme 12 gleich wirksam [Murphy et al., 1984]	naturalistisch 53% begaben sich entweder wieder in Therapie oder hatten einen Rückfall: 81% ohne und 36% mit Therapieerfolg	Rückfälle: KT: 20%, AD: 66%, KT + Placebo: 18%, KT +AD: 43%; Remission: KT: 80%, AD: 33%, KT + Placebo: 82 %, KT + AD: 57% Behandlungsgruppen mit AD: höheres Rückfallrisiko;

					mit Ansprechen				nach Akuttherapie	⇒ KT / KT + Placebo > AD / AD + KT
Beck et al. [1985]	USA	a	22	BDI, HAMD-17	KT 20 Sitzungen in 12 Wochen	Amitriptylinhydrochlorid (75–200 mg/Tag); 12 Wochen	RCT KT vs. KT + AD für FU: nur Completer	KT = KT + AD	12	naturalistisch KT + AD: 91% hatten weitere KT–Sitzungen (M = 14,18); KT: 71% hatten weitere KT–Sitzungen (M = 5,93)	«markedly or completely improved»: KT: 58%, KT + AD: 82%; ⇒ KT = KT + AD
Kovacs et al. [1981]	USA	a	35	BDI, HAMD-17	KT max. 20 Sitzungen in 12 Wochen	Imipraminhydrochlorid (75–250 mg/Tag) + max. 12 CM–Sitzungen; 12 Wochen	RCT KT vs. AD für FU: nur Completer	KT >AD [Rush et al., 1977]	12	naturalistisch	Remission: KT: 56%, AD: 35%; nur 1 signifikanter Unterschied: Selbstbewertung der depressiven Symptomatik (KT > AD); ⇒ KT = AD
Weissman et al. [1981]	USA	a	62	RDS, HAMD, BDI	IPT 16 Wochen	Amitriptylinhydrochlorid (100–200 mg/Tag); 16 Wochen	RCT AD vs. IPT vs. AD +IPT vs. KG (ungeplante Sitzungen nach Bedarf)	IPT = AD > KG und < IPT + AD [Weissman et al., 1979]	12	naturalistisch (15–40% nahmen Psychopharmaka; kein signifikanter Unterschied, jedoch häufiger bei AD: 27–40% vs. 15–27%)	signifikante Verbesserung des sozialen Funktionsniveaus nur bei IPT; bezogen auf den Zeitraum: 28% symptomfrei, 35% zunächst depressiv – dann Verbesserung, 15% depressive > symptomfreie Phasen, 3% Verschlechterung, 8% chronisch depressiv; ⇒ AD = IPT = AD + IPT = KG

L = Land; NL = Niederlande; UK = United Kingdom; I = Italien; D = Deutschland; s = stationär; a = ambulant; N = Stichprobengröße; FB = Fragebogen zur Messung der depressiven Symptomatik; HAMD = Hamiltion Depression Scale; BDI = Beck Depression Inventory; CIDI = Composite International Diagnostic Interview; SSRI = selektive Serotonin-

Wiederaufnahmehemmer; IPT = interpersonelle Psychotherapie; PDT = psychodynamic treatment; BDT = brief dynamic psychotherapy; BA = behavioral activation; KT = kognitive Therapie; KVT = kognitive Verhaltenstherapie; PL = Problemlösetherapie; FU = Follow-up; CM = clinical management; ITT = Intention-to-Treat; SD = standard deviation; LIFE-II-II = Longitudinal Interval Follow-up Evaluation II; AD = Antidepressivum; RDS = Raskin Depression Scale.

Rückfall = relapse; Ansprechen = response; Remission = remission; Genesung = recovery; Rezidiv = recurrence; anhaltendes Ansprechen = sustained response; anhaltende Remission = sustained remission; anhaltende Genesung=sustained recovery.

Suppl. Table Characteristics of studies included

Author, Year	L	o/i	N	Q	Psychotherapy	Pharmacotherapy	Design	Outcome after acute treatment	FU in months	type of FU	Outcome after FU
Koppers et al. [2011]	NL	o	52	HAMD-17, CIDI	PDT 16 sessions in 6 months	First medication: Venlafaxine (75 mg) exchange possible: SSRI (especially Fluvoxamine); TCA (Nortriptyline); Nortriptyline + Lithium; 6 months	RCT PDT vs. PDT + AD	no significant difference HAMD-17 ≤ 7 recovery: PDT: 32.1%; PDT + AD: 42.4% [de Jonghe et al., 2004] FU: 37% of completers	60	no details provided	relapses: PDT: 37%, PDT + AD: 44%; ⇒ PDT = PDT + AD
Maina et al. [2009]	I	o	92	HAMD-17	BDT 15–30 sessions (M = 18.32; SD 8.46) in 6 months	Paroxetine or Citalopram (20–60 mg/Day);6 months acute treatment; 6 months maintenance therapy	RCT AD vs. BDT +AD	same efficacy: BDT + AD (64.1% remission); AD (61.4% remission) [Maina et al., 2007] FU: only patients with remission	FU-1: 6 + 24; FU-2: 6 + 48	first 6 months maintenance-AD naturalistic	recurrence: FU-1/FU-2: 40.8%/46.9% (AD_E); 25%/27.5% (BDT + AD_E); ⇒ BDT + AD_E > AD_E
Dobson et al. [2008]	US A	o	92	BDI, HAMD-17	BA, CT max. 24 sessions in 4 months of acute treatment	Paroxetine (max. 50 mg/Day); 4 months acute treatment; 12 months maintenance therapy, afterwards some continued drug treatment (AD_E), some continued with placebo treatment($Placebo_E$)	RCT CT vs. BA vs. AD	BA comparable to AD; both superior to CT [Dimidjian et al., 2006] FU: only patients who responded	FU-1: 12; FU-2: 24	maintenance therapy with AD naturalistic	relapses FU-1: CT: 39%, BA: 50%, AD_E: 53%, $Placebo_E$: 59%; sustained Response FU-1: CT: 44%, BA: 34%, AD_E: 23%, $Placebo_E$: 20%; recurrence FU-2: CT: 24%, BA: 26%, AD_E: 52%; sustained recovery FU-2: CT: 35%, BA: 28%;

											⇒ CT = BA = AD_E >$Placebo_E$
Schramm et al. [2007] Zobel et al. [2011]	G	i	97	HAMD-17, BDI	IPT 15 individual- (M = 12.8; SD 2.75) and 8 group sessions in 5 weeks	First medication: Sertralin; ITT: 90.2 mg/Day (SD 43.9 mg/Day); Completer: 86.03 mg/Day (SD 41.9 mg/Day) exchange possible: Amitriptyline / Amitriptylinoxide; ITT: 175.43 mg/Day (SD 66.9 mg/Day); Completer: 182.17 mg/Day (SD 69.7 mg/Day)	RCT IPT + AD vs. AD + CM	IPT + AD = AD + CM Response: 70% (IPT + AD); 49% (AD + CM) FU: Completer and ITT	FU1: 12; FU2: 75	naturalistic, treatment during FU1: 89% in total; IPT: 69% (AD), 75% (Psychotherapy); AD: 79% (AD), 59%(Psychotherapy); Treatment during FU2 in total (no significant diff. between IPT and AD): 56 % (PT), 80 % (AD)	relapses FU1: IPT+AD: 7-13% ; AD: 29-32% sustained response: IPT+AD : 69 %, AD+CM: 36% sustained remission: IPT+AD: 35 %, AD+CM: 20% ⇒ IPT+AD > AD recurrence FU2: IPT+CM: 33%, AD+CM : 31% sustained remission: IPT+AD: 28 %, AD+CM: 11 % ⇒ IPT+AD > AD
Mynors-Wallis et al. [2000]	UK	o	113	HAMD-17	PS 6 sessions in 12 weeks	Fluvoxamine (100 mg/Day); Paroxetine (20 mg/Day); 12 weeks	RCT PS(Physician) vs. PS(Nursing) vs. AD vs. PS+ AD	PS= A = AD + PS FU: only Completer	52	naturalistic	recovery: PS Physician: 62%, PS Nursing: 56%, AD: 56%, PS+ AD: 66%; ⇒ PS= AD = AD + PL
de Jong-Meyer et al. [1996]	D	o, i	155	BDI, HAMD	CBT 8 weeks	Amitriptyline (150 mg/Day); 8 weeks	RCT CBT + AD vs. AD + CM	CBT + AD = AD +CM (no significant differences); (i > o)	12	naturalistic	response: o: AD + CM: 33%, CBT + AD: 64–71%; i: AD + CM: 67–69%, CBT + AD: 49–68%; ⇒ CT + AD = CT + CM

Blackburn et al.[1986]	UK	o	36	BDI	CT 12–15 weeks after acute treatment for 6 months: Booster-sessions every 6 weeks	no regulations, mostly Amitriptyline or Clomipramine (150 mg/Day); 12–15 weeks; 6 months maintenance therapy	RCT CT vs. AD vs. CT + AD	o: CT + AD = CT > AD i: CT + AD > CT = AD [Blackburn and Bishop, 1983; Blackburn et al., 1981] FU: only patients who responded	24	maintenance therapy for the first 6 months naturalistic (6–24 months)	relapses: CT: 23%, AD: 78%, CT + AD: 21%; ⇒ CT = CT + AD_E > AD_E
Evans et al. [1992]	US	o A	44	BDI, HAMD-17	CT max. 20 sessions in 12 weeks	Imipramine hydrochloride (75–300 mg/Day); 12 weeks only some receive maintenance therapy	RCT CT vs. AD vs. CT + AD	same efficacy for all treatment arms ; [Hollon et al., 1992] FU: only patients who responded	24	maintenance drug treatment for the first 12 months; not for CT / CT + AD naturalistic	relapses: AD: 50%, CT + AD: 15%, CT: 21%, AD_E: 32%; ⇒ CT = AD_E = CT + AD > AD
Shea et al. [1992]	US	o A	76	LIFE-II-II, HAMD-17	CBT, IPT for 16 weeks	Imipramine hydrochloride; week4: 163 mg/Day; week8: 231 mg/Day; 16 weeks	RCT CBT vs. IPT vs. AD + CM vs. Placebo + CM	same efficacy for all treatment arms [Elkin et al., 1989] FU: no exclusion but focus on patients with therapeutic success	18	naturalistic Treatment during FU: CBT: 14%, IPT: 43%, Imipramine + CM: 44%, Placebo + CM: 27%	relapses: CBT: 36%, IPT: 33%, AD + CM: 50%, Placebo + CM: 33%; recovery: CBT: 30%, IPT: 26%, AD + CM: 19%, Placebo +CM: 20%; ⇒ CBT = IPT = AD + CM = Placebo + CM
Simons et al. [1986]	US	o A	70 (44 Responder)	BDI, HAMD	CT max. 20 sessions in 12 weeks	Nortriptyline + max. 12 CM– sessions; 12 weeks	RCT CT vs. AD vs. CT + Placebo vs. CT + AD FU:information refers to	same efficacy for all treatment arms [Murphy et al., 1984]	12	naturalistic 53% underwent therapy or experienced relapse : 81%	relapses: CT: 20%, AD: 66%, CT + Placebo: 18%, CT +AD: 43%; remission: CT: 80%, AD: 33%, CT + Placebo: 82 %, CT + AD: 57%

						patients who responded				without and 36% with therapeutic success after acute treatment	Treatment groups with AD: higher risk of relapse; ⇒ CT / CT + Placebo > AD / AD + CT
Beck et al. [1985]	US A	o	22	BDI, HAMD-17	CT 20 sessions in 12 weeks	Amitriptylinehydrochlorid (75–200 mg/Day); 12 weeks	RCT CT vs. CT + AD FU: only completers	CT = CT + AD	12	naturalistic CT + AD: 91% had further CT– sessions (M = 14.18); CT: 71% had further CT– sessions (M = 5.93)	«markedly or completely improved»: CT: 58%, CT + AD: 82%; ⇒ CT = CT + AD
Kovacs et al. [1981]	US A	o	35	BDI, HAMD-17	CT max. 20 sessions in 12 weeks	Imipraminhydrochlorid (75–250 mg/Day) + max. 12 CM– sessions; 12 weeks	RCT CT vs. AD FU: only completers	CT >AD [Rush et al., 1977]	12	naturalistic	remission: CT: 56%, AD: 35%; only 1 significant difference: self-assessment of depressive symptoms (CT > AD); ⇒ CT = AD
Weissman et al. [1981]	US A	o	62	RDS, HAMD, BDI	IPT 16 weeks	Amitriptylinhydrochloride (100–200 mg/Day); 16 weeks	RCT AD vs. IPT vs. AD +IPT vs. KG (unscheduled sessions if required)	IPT = AD > KG and < IPT + AD [Weissman et al., 1979]	12	naturalistic (15–40% drug treatment; no significant difference, however, more often in AD group: 27–40% vs. 15–27%)	significant improvement of social functional level only for IPT; based on the time period: 28% symptom-free, 35% depressed at first, later improvement, 15% depressive > symptom-free phases, 3% exacerbation of symptoms, 8% chronically depressive disorder; ⇒ AD = IPT = AD + IPT = KG

C = Country; NL = Netherlands; UK = United Kingdom; I = Italy; G = Germany; i = inpatient; o = outpatient; N = sample size; Q = depressive symptoms questionnaire; HAMD = Hamilton Depression Scale; BDI = Beck Depression Inventory; CIDI = Composite International Diagnostic Interview; SSRI = Selective Serotonin-Reuptake-Inhibitor; IPT = Interpersonal Psychotherapy; PDT = Psychodynamic Treatment; BDT = Brief Dynamic Psychotherapy; BA = Behavioral Activation; CT = Cognitive Therapy; CBT = Cognitive Behavioral Therapy; PS = Problem-Solving therapy; FU = Follow-up; CM = Clinical Management; ITT = Intention-to-Treat; SD = standard deviation; LIFE-II-II = Longitudinal Interval Follow-up Evaluation II; AD = antidepressant; RDS = Raskin Depression Scale.