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(Depress* or dysthym* or affective disorder* or mood disorder*).ti. or (Depress* or dysthym* or affective disorder* or mood disorder*).ab.

(random* or RCT or Controlled).ti. or (random* or RCT or Controlled).ab.

Study sample compared to previous meta-analyses

Approximately 64–86% of the studies included in previous systematic reviews and metaanalyses of CBT for depression in primary care (or sub-analyses concerning CBT) were also included in the present project (Cuijpers *et al.*, 2009, Linde *et al.*, 2015, Twomey *et al.*, 2015). We excluded studies from previous systematic reviews and meta-analyses due to: "not CBT, or effect cannot be isolated" (n=3), "not depressed patients only" (n=3), "not randomised" (n=2), "CBT not targeting depression only" (n=1), and "maternal care" (n=1). Previous systematic reviews and meta-analyses included only 18–41% of our study sample.

Study	Country	Main inclusion criterion	Main path of recruitment	Setting of treatment delivery	Mean age	Percent women	Weeks to primary endpoint	Months to last follow-up	Outcome	Missing data modelled ª
Casañas, 2012	Spain	Diagnosis	PC	PC	53	89	12	6	Self-report	Yes
Chowdhary, 2016	India	Cut-off	PC	PC	41	61	9	NA	Self-report	No
Cramer, 2011	UK	Cut-off	PC	NR	42	100	12	3	Self-report	No
Dalgard, 2006	Norway	Diagnosis	Advertisement	PC	47	76	26	NA	Self-report	No
Dwight-Johnson, 2011	USA	Cut-off	PC	PC	40	78	12	3	Self-report	Yes
Ekers, 2011	UK	Diagnosis	PC	NR	45	62	12	NA	Self-report	No
Gilbody, 2015	UK	Cut-off	PC	NR	40	68	16	24	Self-report	Yes
Gilbody, 2017	UK	Other	PC	NR	77	59	16	12	Self-report	Yes
González González, 2007	Spain	Other	PC	PC	39	82	6	12	Self-report	No
Hegerl, 2010	Germany	Cut-off	PC	Specialist / research	46	68	10	NA	Interview	No
Husain, 2014	Pakistan	Cut-off	PC	PC	31	100	12	3	Interview	No
Joling, 2011	Netherlands	Cut-off	PC	NR	81	74	12	NA	Self-report	Yes
Kanter, 2015	USA	Diagnosis	PC	PC	38	79	16	NA	Both	Yes
Kessler, 2009	UK	Diagnosis	PC	Specialist / research	35	68	16	4	Self-report	No
Kivi, 2014	Sweden	Diagnosis	PC	NR	37	66	12	12	Self-report	No
Laidlaw, 2008	UK	Diagnosis	PC	NR	74	73	18	6	Both	Yes
Levin, 2011	USA	Other	PC	Specialist / research	44	77	6	6	Both	No
Lovell, 2008	UK	Cut-off	PC	NR	38	74	12	NA	Self-report	No
Naylor, 2010	USA	Cut-off	PC	NR	51	84	6	3	Self-report	No

 Table DS1. Randomised controlled trials included in meta-analysis (N=34)

Study	Country	Main inclusion criterion	Main path of recruitment	Setting of treatment delivery	Mean age	Percent women	Weeks to primary endpoint	Months to last follow-up	Outcome	Missing data modelled ª
Power, 2012	UK	Diagnosis	PC	NR	36	62	NR	NR	Self-report	No
Ross, 1985	UK	Diagnosis	PC	NR	33	63	12	12	Both	Yes
Scott, 1992	UK	Diagnosis	PC	PC	32	75	16	NA	Interview	No
Scott, 1997	UK	Diagnosis	PC	NR	41	67	7	12	Both	No
Serfaty, 2009	UK	Cut-off	PC	NR	74	79	16	6	Self-report	No
Smit, 2006	Netherlands	Diagnosis	PC	NR	43	64	12	NA ^b	Self-report	No
Spek, 2007	Netherlands	Cut-off	Advertisement	PC	55	64	10	12	Self-report	Yes
Sørensen Høifødt, 2013	Norway	Cut-off	PC	NR	36	73	7	4	Self-report	No
Teasdale, 1984	UK	Diagnosis	PC	NR	38	94	15	3	Self-report	No
Ward, 2000	UK	Cut-off	PC	NR	37	77	16	8	Self-report	Yes
Watson, 2003	Canada	Diagnosis	Advertisement	PC	40	67	16	NA	Self-report	No
Wiles, 2008	UK	Diagnosis	PC	NR	45	84	16	NA	Self-report	No
Wiles, 2013	UK	Diagnosis	PC	Mixed	50	72	26	46	Self-report	No
Willemse, 2004	Netherlands	Other	PC	NR	41	66	52	NA	Self-report	Yes
Williams, 2013	UK	Cut-off	PC	PC	42	68	16	8	Self-report	Yes

NA, not applicable; NR, not reported; PC, primary care; UK, United Kingdom; USA; United States of America.

a. Note that this refers to the outcome data that could be used for the meta-analyses, and not necessarily the primary outcome of the trial.

b. The follow-up data reported in this study was not analysed because the CBT group was crossed over to another treatment.

Otrada	Cognitive	behaviou	r therapy		Control	condition			Proportion of
Study	Format	М	SD	n	Туре	М	SD	n	missing data, CBT vs contro
Casañas, 2012	Group	15.42	7.53	119	TAU	17.54	7.18	112	22% vs 31%
Chowdhary, 2016	Individual	16.5	14.4	24	TAU	22.8	13.3	31	14% vs 9%
Cramer, 2011	Group	10.0	6.2	48	TAU	11.5	5.4	19	8% vs 17%
Dalgard, 2006	Group	0.53 °	1 °	67	TAU	1 °	1 °	62	17% vs 18%
Dwight-Johnson, 2011	Individual	8.23	6.65	50	TAU	10.08	6.64	51	NR
Ekers, 2011	Individual	11.93	11.84	16	TAU	27.40	14.01	22	30% vs 8%
Gilbody, 2015	Guided self-help ^a	1.08 °	1 °	210	TAU	1 °	1 °	239	21% vs 25%
Gilbody, 2015	Guided self-help ^b	1.01 °	1 °	242	TAU	1 °	1 °	239	25% vs 25%
Gilbody, 2017	Individual	5.4	8.35	344	TAU	6.8	8.27	361	24% vs 10%
González González, 2007	Group	16.4	11.3	15	Psychological	11.6	9.6	15	0% vs 0%
González González, 2007	Group	16.4	11.3	15	Psychological placebo	12.6	9.2	13	0% vs 13%
González González, 2007	Group	16.4	11.3	15	Waiting-list	25.5	10.0	15	0% vs 0%
Hegerl, 2010	Group	9.32	5.05	41	Antidepressant	9.48	7.62	61	Unclear
Hegerl, 2010	Group	9.32	5.05	41	Pill placebo	11.80	6.60	65	Unclear
Hegerl, 2010	Group	9.32	5.05	41	Psychological	12.80	6.31	35	Unclear
Husain, 2014	Group	10.0	6.0	32	Antidepressant	10.0	6.2	32	3% vs 3%
Joling, 2011	Guided self-help	16.60	6.41	86	TAU	17.27	6.53	84	21% vs 7%
Kanter, 2015	Individual	0.87 ^d	1 ^d	21	TAU	1 ^d	1 ^d	22	24% vs 46%
Kessler, 2009	Individual	14.5	11.2	113	TAU	22.0	13.5	97	24% vs 34%
Kivi, 2014	Guided self-help	13.57	11.57	30	TAU	13.57	10.13	35	33% vs 26%

 Table DS2. Post-treatment comparisons included in meta-analysis (N=46)

Otacha	Cognitive	e behaviou	r therapy		Control c	ondition			Proportion of
Study	Format	м	SD	n	Туре	м	SD	n	missing data, CBT vs control
Laidlaw, 2008	Individual	0.56 ^d	1 ^d	20	TAU	1 ^d	1 ^d	20	Unclear
Levin, 2011	Guided self-help	0.55 ^d	1 ^d	99	TAU	1 ^d	1 ^d	91	1% vs 0%
Lovell, 2008	Guided self-help	18.74	12.96	19	TAU	22.26	12.40	23	34% vs 23%
Naylor, 2010	Guided self-help	4.4	5.3	15	TAU	4.9	5.3	18	21% vs 5%
Power, 2012	Individual	18.14	14.70	22	Psychological	23.6	14.84	39	52% vs 28%
Power, 2012	Individual	18.14	14.70	22	TAU	14.15	13.94	10	52% vs 60%
Ross, 1985	Mixed	0.33 ^{d, e}	1 ^{d, e}	30	Waiting-list	1 ^{d, e}	1 ^{d, e}	21	NR
Scott, 1992	Individual	6.7	6.1	29	Antidepressant	8.4	7.5	26	3% vs 16%
Scott, 1992	Individual	6.7	6.1	29	Psychological	4.9	5.5	29	3% vs 3%
Scott, 1992	Individual	6.7	6.1	29	TAU	8,00	8.5	29	3% vs 3%
Scott, 1997	Individual	0.52	1	18	TAU	1	1	16	25% vs 33%
Serfaty, 2009	Individual	18.4	10.8	64	Psychological placebo	20.3	11.3	58	9% vs 13%
Serfaty, 2009	Individual	18.4	10.8	64	TAU	20.2	9,00	55	9% vs 18%
Smit, 2006	Individual	12.4	9.72	40	Psychological	13.7	9.13	102	9% vs 9%
Smit, 2006	Individual	12.4	9.72	40	Psychological + psychiatrist	12.1	7.64	34	9% vs 13%
Smit, 2006	Individual	12.4	9.72	40	TAU	13.7	8.69	64	9% vs 11%
Spek, 2007	Group	11.43	9.41	99	Waiting-list	14.46	10.42	100	43% vs 42%
Sørensen Høifødt, 2013	Guided self-help	14.20	8.15	37	TAU	18.63	8.64	47	29% vs 13%
Teasdale, 1984	Individual	11.35 °	10.48 °	17	TAU	20.00 ^e	10.28 ^e	17	29% vs 15%
Ward, 2000	Individual	14.3	10.8	63	Psychological	18.3	12.4	67	11% vs 7%

Otacha	Cognitive	behaviou	r therapy		Control	condition			Proportion of
Study	Format	М	SD	n	Туре	М	SD	n	missing data, CBT vs control
Ward, 2000	Individual	14.3	10.8	63	TAU	12.9	9.3	67	11% vs 7%
Watson, 2003	Individual	12.56	10.7	45	Psychological	13.05	11.91	40	NR
Wiles, 2008	Individual	13.1	11.9	14	TAU	19.3	5.3	9	0% vs 18%
Wiles, 2013	Individual	18.9	14.2	206	TAU	24.5	13.1	213	12% vs 9%
Willemse, 2004	Guided self-help	9.4	7.4	107	TAU	11.1	9.4	109	22% vs 14%
Williams, 2013	Guided self-help	21.1	13.3	141	TAU	24.0	11.9	140	28% vs 27%

Group sizes (n) correspond to the sample size weights applied in the meta-analysis. For studies where we had no access to imputed or modelled values, group sizes (n) refer to the subsample of patients who completed the primary endpoint assessment. For studies with imputed values, the missing data column refers to the rate of missing data before imputation. NR, not reported; TAU, treatment as usual.

a. This refers to the "Beating the Blues" condition.

b. This refers to the "MoodGYM" condition.

c. Based on a standardised effect size, converted to means with a standard deviation of one, and a control group mean of one.

d. Based on the average standardised effect size for self-report and independently assessed outcomes, converted to means with a standard

deviation of one, and a control group mean of one.

e. Based on other indirect approximation.

	Random sequence generation	Allocation concealment	Blinding of outcome assessment	Incomplete outcome data	Selective reporting
Casañas, 2012	+	+	NA	-	+
Chowdhary, 2016	+	?	NA	+	?
Cramer, 2011	+	?	NA	-	+
Dalgard, 2006	-	-	NA	-	?
Dwight-Johnson, 2011	+	?	NA	?	?
Ekers, 2011	+	+	NA	-	+
Gilbody, 2015	+	+	NA	?	+
Gilbody, 2017	+	+	NA	+	+
González González, 2007	?	?	NA	+	?
Hegerl, 2010	+	+	+	?	?
Husain, 2014	+	+	+	+	+
Joling, 2011	+	+	NA	+	?
Kanter, 2015	+	-	+	-	?
Kessler, 2009	+	+	NA	-	+
Kivi, 2014	?	+	NA	-	?
Laidlaw, 2008	+	+	+	?	?
Levin, 2011	+	-	+	+	?
Lovell, 2008	?	+	NA	-	?
Naylor, 2010	+	?	NA	-	?
Power, 2012	?	?	NA	-	?
Ross, 1985	?	?	+	?	?
Scott, 1992	?	?	-	+	?
Scott, 1997	?	?	?	-	?
Serfaty, 2009	+	+	NA	-	+
Smit, 2006	+	+	NA	+	?
Spek, 2007	+	+	NA	-	?
Sørensen Høifødt, 2013	+	-	NA	-	+
Teasdale, 1984	?	?	NA ^a	-	?
Ward, 2000	?	+	NA	+	?
Watson, 2003	-	-	NA	?	?
Wiles, 2008	+	+	NA	-	?
Wiles, 2013	+	+	NA	+	+
Willemse, 2004	?	?	NA	-	?
Williams, 2013	+	+	NA	-	?

Table DS3. Study quality based on the Cochrane tool for assessing risk of bias

Note that ratings were made with regard to the outcomes of primary interest for the meta-

analysis, and not for each study as a whole. Abbreviations: -, high risk of bias; +, low risk of

bias; ?, insufficient information; NA, not applicable (criterion irrelevant).

a. Only self-report data was reported for the entire group at post-treatment.

Table DS4. Moderator analyses of cognitive behaviour therapy and control groups in the

 treatment of depression and subclinical depression in primary care: Continuous variables

Putative moderator	Outco	ome from	meta-regression	(univariate	e models)
	k	b	95% CI	Р	f
Mean patient age	46	0.00	-0.01 to 0.01	.927	41%
Proportion female	46	0.00	-0.01 to 0.01	.890	40%
Publication year	46	0.00	-0.01 to 0.01	.474	40%
Weeks to primary endpoint	44	0.00	-0.01 to 0.01	.981	41%
Number of CBT sessions	42	0.02	0.00 to 0.04	.080	37%
Length of CBT sessions	36	0.00	0.00 to 0.01	.425	43%

CBT, cognitive behaviour therapy.

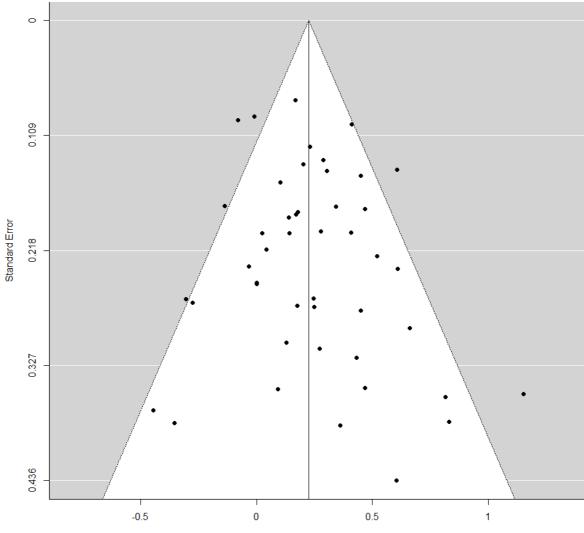
Table DS5. Moderator and subgroup analyses of cognitive behaviour therapy and control

 groups in the treatment of depression and subclinical depression in primary care: Cochrane

 risk of bias criteria

Putative moderator		Subgroup				
	Ρ		k	g	95% CI	f
Pooled total	<u> </u>		46	0.22	0.15 to 0.30	40%
Random sequence generation	.494	Low risk of bias	29	0.24	0.16 to 0.32	44%
		Unclear or high risk of bias	17	0.18	0.02 to 0.34	42%
Allocation concealment	.214	Low risk of bias	26	0.20	0.12 to 0.29	47%
High vs. low risk of bias	.082	Unclear	16	0.21	0.05 to 0.36	23%
		High risk of bias	4	0.44	0.25 to 0.62	0%
Incomplete outcome data	.156	Low risk of bias	17	0.17	0.06 to 0.29	37%
High vs. low risk of bias	.084	Unclear	9	0.19	0.01 to 0.37	58%
		High risk of bias	20	0.31	0.21 to 0.40	10%
Selective reporting	.803	Low risk of bias	12	0.25	0.10 to 0.40	71%
		Unclear	34	0.22	0.16 to 0.32 0.02 to 0.34 0.12 to 0.29 0.05 to 0.36 0.25 to 0.62 0.06 to 0.29 0.01 to 0.37 0.21 to 0.40	8%
Putative moderator		Meta-regression coefficient				
	Ρ		k	b	95% CI	f
Proportion of eligible criteria rated as high risk of bias	.108		46	0.32	-0.07 to 0.70	36%

Fig. DS1. *Funnel plot of comparisons of cognitive behaviour therapy and control conditions for depression in primary care*



Standardized Mean Difference

Table DS6. Controlled effects and key moderator analyses based on the subsample of 30 randomised controlled trials (40 comparisons) where CBT was not explicitly delivered in a research or specialist setting.

Putative moderator		Subgroup				
	Р		k	g	95% CI	f
Pooled total			40	0.17	0.10 to 0.25	23%
Main inclusion criterion	.514	Diagnosis of depression	19	0.24	0.11 to 0.37	23%
		Cut-off on depression scale	16	0.14	0.04 to 0.24	30%
		Depressive symptoms	5	0.16	0.04 to 0.29	0%
Baseline depression severity	.851	Mild	9	0.17	0.07 to 0.27	0%
		Moderate	25	0.16	0.06 to 0.25	29%
		Severe	4	0.30	-0.09 to 0.69	62%
Control group ^a	.006	Treatment as usual	26	0.22	0.13 to 0.31	30%
		Active treatment	8	-0.06	-0.22 to 0.10	0%
		Waiting-list	3	0.48	0.15 to 0.81	29%
		Other	3	0.04	-0.22 to 0.31	0%
CBT delivery format ^b	.185	Individual	22	0.18	0.09 to 0.26	0%
		Group	8	0.26	0.12 to 0.41	0%
		Guided self-help	9	0.10	-0.02 to 0.22	32%

CBT, cognitive behaviour therapy.

a. Due to the smaller size of this subsample, four classes were used instead of the five used in Table 1 of the main text. That is, the psychological and antidepressant control groups were both classified as "active treatment".

b. One comparison was excluded from this analysis due to mixed CBT format. The

"individual" category included one-to-one treatment via the internet or telephone.

Table DS7. Controlled effects and key moderator analyses based on the subsample of 11 randomised controlled trials (15 comparisons) where it was clear that CBT was delivered in a primary care setting.

Putative moderator		Subgroup				
	Р		k	g	95% CI	f
Pooled total			15	0.22	0.12 to 0.32	0%
Main inclusion criterion	.549	Diagnosis of depression	7	0.20	0.03 to 0.37	15%
		Cut-off on depression scale	5	0.25	0.10 to 0.40	0%
		Depressive symptoms	3	0.01	-0.80 to 0.81	72%
Baseline depression severity	.725	Mild	4	0.15	-0.11 to 0.41	29%
		Moderate	10	0.22	0.10 to 0.35	0%
Control group ^a	.028	Treatment as usual	7	0.29	0.16 to 0.42	0%
		Active treatment	5	-0.06	-0.29 to 0.17	0%
		Other	3	0.27	-0.28 to 0.82	63%
CBT delivery format ^b	.341.	Individual	7	0.15	-0.04 to 0.33	0%
		Group	7	0.26	0.12 to 0.41	0%

CBT, cognitive behaviour therapy.

a. Due to the small size of this subsample, three classes were used instead of the five used in Table 1 of the main text. That is, the psychological and antidepressant control groups were both classified as "active treatment", and the waiting-list category was merged with "other". b. One comparison concerned guided self-help (Williams *et al.*, 2013) and reported a small controlled effect (g=0.23) versus treatment as usual.

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