Data Supplement for Pacchiarotti et al., The International Society for Bipolar Disorders (ISBD) Task Force Report on Antidepressant Use in Bipolar Disorders. Am J Psychiatry (doi: 10.1176/appi.ajp.2013.13020185)

Supplementary Material: Appendix A and B

Appendix A. Jadad's scale for the evaluation of randomized control trials

Questions to respond for each study:

Was the study described as randomized? (Yes=1; No=0)
Was the study described as double blind? (Yes=1; No=0)
Was there a description of withdrawals and dropouts? (Yes=1; No=0)

To receive the corresponding point, an article should describe the number of withdrawals and dropouts, in each of the study groups, and the underlying reasons. Additional points were given if:

- The method of randomization was described and was appropriate. +1
- The method of blinding was described and was appropriate. +1

However, points would be subtracted if:

- The method of randomization was described, but was inappropriate. -1
- The method of blinding was described, but was inappropriate. -1

A paper reporting a clinical trial could therefore receive a Jadad score of between zero and five.

Jadad AR, Moore RA, Carroll D, Jenkinson C, Reynolds DJ, Gavaghan DJ, McQuay HJ. Assessing the quality of reports of randomized clinical trials: is blinding necessary? Control Clin Trials. 1996;17:1-12.

Appendix B. Body of evidence matrix according to the National Health and Medical Research Council (NHMRC) of the Australian Government's NHMRC levels of evidence and grades for recommendations for developers of guidelines

Component	A	B	C	D
	Excellent	**Good**	**Satisfactory**	**Poor**
Evidence base[a]	One or more level I studies with a low risk of bias or several level II studies with a low risk of bias	One or two level II studies with a low risk of bias or a SR/several level III studies with a low risk of bias	One or two level III studies with a low risk of bias, or level I or II studies with a moderate risk of bias	Level IV studies, or level I to III studies/SRs with a high risk of bias
Consistency[b]	All studies consistent	Most studies consistent and inconsistency may be explained	SOME inconsistency reflecting genuine uncertainty around clinical question	Evidence is inconsistent
Clinical impact	Very large	Substantial	Moderate	Slight or restricted
Generalizability	Population/s studied in body of evidence are the same as the target population for the guideline	Population/s studied in the body of evidence are similar to the target population for the guideline	Population/s studied in body of evidence differ to target population for guideline but it is clinically sensible to apply this evidence to target population[c]	Population/s studied in body of evidence differ to target population and hard to judge whether it is sensible to generalize to target population
Applicability	Directly applicable to Australian healthcare context	Applicable to Australian healthcare context with few caveats	Probably applicable to Australian healthcare context with some caveats	Not applicable to Australian healthcare context

SR = systematic review; several = more than two studies

[a] Level of evidence determined from the NHMRC evidence hierarchy – Table 3, Part B.

[b] If there is only one study, rank this component as 'not applicable'.

[c] For example, results in adults that are clinically sensible to apply to children OR psychosocial outcomes for one cancer that may be applicable to patients with another cancer, NHMRC grades of recommendations: A: Body of evidence can be trusted to guide practice; B: Body of evidence can be trusted to guide practice in most situations; C: Body of evidence provides some support for recommendation(s) but care should be taken in its application; D: Body of evidence is weak and recommendation must be applied with caution.

National Health and Medical Research Council (NHMRC) of the Australian Government. NHMRC levels of evidence and grades for recommendations for developers of guidelines. Canberra: National Health and Medical Research Council, December 2009.