

Web table A Trial characteristics

Trial	Primary publication?	Clinical study report available?*	Main inclusion criteria	Main exclusion criteria	Region	Primary end point	Secondary end point	Time point of measurement†
014	Refs 1-3	Ref 4‡	MDD according to DSM-III-R, Score \geq 22 on HAMD-21, 1-4 months symptom duration Age 18-65 years	therapy resistance, increased risk of suicide, MDD with psychotic features, substance abuse	Europe, Brazil	HAMD-21 (mean change)	HAMD-21 (response, remission), MADRS (mean change), social functioning (mean change), adverse events	EOS (Week 8 or last available visit)
015	None, only a pooled analysis (ref 5)	Ref 6	MDD according to DSM-III-R, Score \geq 22 on HAMD-21 (in the Canadian centre HAMD-17 \geq 22),	MDD with psychotic features, cyclothymia / dysthymia, substance abuse, Mini Mental State Score $<$ 22, increased risk of suicide In the Canadian Centre: HAMD-	Australia, France, Germany, UK, Italy, and Canada	HAMD-21 (mean change)	HAMD-21 (response, remission), MADRS (mean change) adverse events	EOS (Week 6 or last available visit)

			1-4 months symptom duration Age 18-65 years	reduction of 1 point or more after wash-out-phase				
016	Ref 7	Ref 8	MDD according to DSM-III-R, Score \geq 22 on HAMD-21, 1-8 months symptom duration Age 18-65 years	MDD with psychotic features, cyclothymia / dysthymia, therapy resistance, increased risk of suicide, substance abuse	Germany, Spain, Argentina, Australia	HAMD-21 (mean change)	HAMD-21 (response, remission), MADRS (mean change), social functioning (mean change), adverse events	EOS (Week 8 or last available visit)
032	None	Ref 9	MDD according to DSM-IV, Score \geq 22 on HAMD-21 at Screening and Baseline Age 18-	MDD with psychotic features, cyclothymia, bipolar disorder, schizophrenia, substance related disorders, other psychotic disorders, therapy	Taiwan	HAMD-21 (mean change)	HAMD-21 (response, remission), social functioning (mean change), adverse events	EOS (Week 8 or last available visit)

			65 years	resistance, increased risk of suicide				
043	Ref 10	Ref 11	MDD according to DSM- IV, Score ≥ 22 on HAMD- 21 (at Screening and Baseline) Age 18- 70 (in Denmark 16-71) years	MDD with psychotic features, therapy resistance, increased risk of suicide, cyclothymia / dysthymia, bipolar disorder, schizophrenia, substance related disorders, other psychotic disorders, increased risk of suicide	Scandinavia	HAMD- 21 (mean change)	HAMD-21 (response, remission), MADRS (mean change), social functioning (mean change), adverse events	EOS (Week 24 or last available visit)
045	None	Ref 12	MDD according to DSM- III-R, Score ≥ 22 und < 35 on HAMD- 21 at Screening and	MDD with psychotic features, cyclothymia / dysthymia, bipolar disorder, schizophrenia, therapy resistance, substance abuse, increased risk of	Western Europe and Russia	HAMD- 21 (mean change)	HAMD-21 (response, remission), MADRS (mean change), adverse events	EOS (Week 6 or last available visit)

			Baseline Age 18- 65 years	suicide, high dosages of benzodiazepines				
046	None	Ref 13	MDD according to DSM- IV, Score ≥ 20 on HAMD- 17 Age 18- 65 years	MDD with psychotic features, cyclothymia, bipolar disorder, schizophrenia, substance related disorders, other psychotic disorders, therapy resistance, increased risk of suicide	USA and Canada	MADRS (mean change)	HAMD-21 (mean change, response, remission), MADRS (response, remission), quality of life (2 domains of the SF-36, mean change), social functioning (mean change), energy (mean change), adverse events	EOS (Week 8 or last available visit)
047	Yes, ref 14, although the data for the full study	Ref 15	MDD according to DSM- IV, Score	MDD with psychotic features, cyclothymia,	USA	MADRS (mean change)	HAMD-21 (mean change, response,	EOS (Week 8 or last available visit)

	population were not reported		≥ 20 on HAMD-17 Age 18-65 years	bipolar disorder, schizophrenia, substance related disorders, other psychotic disorders, therapy resistance, increased risk of suicide			remission), MADRS (response, remission), quality of life (2 domains of the SF-36, mean change), social functioning (mean change), energy (mean change), adverse events	
049	None	Ref 16	MDD according to DSM-IV, Score ≥ 22 on HAMD-21 Age 18-65 years	MDD with psychotic features, cyclothymia / dysthymia, bipolar disorder, therapy resistance, schizophrenia, substance related disorders, other psychotic	USA	HAMD-21 (mean change)	HAMD-21 (response, remission), MADRS (mean change), adverse events	EOS (Week 8 or last available visit)

				disorders, history of axis-IV disorders with elevated probability of placebo-response, increased risk of suicide				
050	Yes, ref 17, although only data on sexual dysfunction were reported	Ref 18	MDD according to DSM-IV, Score ≥ 22 on HAMD-21 (at Screening and Baseline) Age 18-65 years	MDD with psychotic features, cyclothymia / dysthymia, bipolar disorder, schizophrenia, therapy resistance, substance related disorders, increased risk of suicide, history of axis-IV disorders with elevated probability of placebo-response	USA	HAMD-21 (mean change)	HAMD-21 (response, remission), MADRS (mean change), social functioning (mean change), quality of life (mean change), sexual dysfunction (mean change), adverse events	EOS (Week 8 or last available visit)
052	Yes, ref 19, although the	Ref 20	MDD according	MDD with psychotic	Western Europe	HAMD-17 (mean	MADRS (mean	EOS (Week 8 or last

	data for the full study population were not reported		to DSM-IV, HAMD-21-Score between 22 and 35 at Screening and Baseline Age: 18-65 years	features, substance related disorders, cyclothymia / dysthymia, bipolar disorder, schizophrenia, other psychotic disorders, therapy resistance vs. test- or control-substance, increased risk of suicide		change, response, remission)	change, response, remission), social functioning (mean change), quality of life (mean change, sexual dysfunction (mean change), adverse events	available visit)
091	Refs 21 and 22	Ref 23	MDD according to DSM-III-R, Score \geq 20 on HAMD-21 Age 18-65 years	Placebo responder (\geq 20% improvement on HAMD), increased risk of suicide, psychotic disorder, schizophrenia, schizophreniform disorders, delusional disorder, substance abuse	Brazil, Canada [§]	HAMD-21 (mean change)	HAMD-21 (response), adverse events	EOS (Week 6 or last available visit)

Berlanga and Flores-Ramos 2006	Ref 24	No	MDD according to DSM-IV, Score ≥ 18 on HAMD-21 Age 18-40 years	Psychotic symptoms, substance abuse, history of manic, hypomanic or mixed episodes, severe personality disorder	Mexico	Not available	HAMD-21 (mean change, response, remission)	EOS (Week 8 or last available visit)
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*As a matter of principle, the German Institute for Quality and Efficiency in Health Care requests documents compliant with the CONSORT criteria from manufacturers on all relevant trials selected. If cooperative, manufacturers usually provide the full clinical study report; that is, a written description of the study that follows the guidelines of the International Conference on Harmonisation.²⁵

†Time point of measurement: remission / response: rate at EOS (planned time point of last visit or last available visit); mean change for given endpoint: change from baseline to EOS (planned time point of last visit or last available visit); adverse events: rate of patients with at least one adverse event between baseline and EOS (planned time point of last visit or last available visit)

‡Only addendum.

§44 of the 56 patients included are from one Brazilian centre

DSM: Diagnostic and Statistical Manual; EOS: End of study; HAMD: Hamilton Depression Scale; MADRS: Montgomery-Åsberg Depression Rating Scale; MDD: major depressive disorder.

References

- 1 Andreoli V, Caillard V, Deo RS, Rybakowski JK, Versiani M. Reboxetine, a new noradrenaline selective antidepressant, is at least as effective as fluoxetine in the treatment of depression. *J Clin Psychopharmacol* 2002;22:393-9.
- 2 Dubini A, Bosc M, Polin V. Noradrenaline-selective versus serotonin-selective antidepressant therapy: differential effects on social functioning. *J Psychopharmacol* 1997;11:17-23S.
- 3 Dubini A, Bosc M, Polin V. Do noradrenaline and serotonin differentially affect social motivation and behaviour? *Eur Neuropsychopharmacol* 1997;7:49-55S.
- 4 Pharmacia Limited. Multicentre, multinational double-blind study of the activity and tolerability of reboxetine vs fluoxetine and placebo in patients suffering from major depressive episodes (phase III): results of patient self-evaluation assessment instrument; addendum to final report no 9550080 of study CTN014-FCE20124. 1995. www.iqwig.de/download/Studie_014.pdf.

- 5 Ferguson JM, Mendels J, Schwart GE. Effects of reboxetine on Hamilton Depression Rating Scale factors from randomized, placebo-controlled trials in major depression. *Int Clin Psychopharmacol* 2002;17:45-51.
- 6 Pharmacia Limited. Multicentre, multinational double-blind study of the activity and tolerability of reboxetine vs imipramine and placebo in patients suffering from major depressive episodes (phase III): final report of study CTN015-FCE20124. 1995. www.iqwig.de/download/Studienbericht_zu_Studie_015.pdf.
- 7 Massana J, Möller HJ, Burrows GD, Montenegro RM. Reboxetine: a double-blind comparison with fluoxetine in major depressive disorder. *Int Clin Psychopharmacol* 1999;14:73-80.
- 8 Pharmacia Limited. Multicentre, multinational double-blind study of the activity and tolerability of reboxetine vs fluoxetine in patients suffering from major depressive episodes (phase III): final report of study CTN016-FCE20124. 1995. www.iqwig.de/download/Studienbericht_zu_Studie_016.pdf.
- 9 Pharmacia Limited. Reboxetine (PNU-155950E) vs fluoxetine in a double-blind study for the treatment of major depressive disorders in Taiwan: study report for M/2020/0032. 2001. www.iqwig.de/download/Studie_032.pdf.
- 10 Langworth S, Bodlund O, Agren H. Efficacy and tolerability of reboxetine compared with citalopram: a double-blind study in patients with major depressive disorder. *J Clin Psychopharmacol* 2006;26:121-7.
- 11 Pharmacia Limited. Efficacy and tolerability of reboxetine (PNU-155950E) compared to citalopram in a double-blind study in patients with major depressive disorder: study no Z2020 0043; abbreviated study report; final version. 2003. www.iqwig.de/download/Studie_043.pdf.
- 12 Pharmacia & Upjohn. Comparison of placebo and three fixed doses of reboxetine in a population of patients with major depression: a phase II, double-blind, randomized, parallel group, multicenter study of 3 fixed doses of reboxetine or placebo, given orally twice daily to adult patients with major depressive disorder; final report of the trial 95-CRBX-045. 2001. www.iqwig.de/download/Studienbericht_zu_Studie_045.pdf.
- 13 Pharmacia & Upjohn. Reboxetine, placebo, and paroxetine comparison in patients with major depressive disorder: a phase III, randomized, double-blind, placebo- and active-treatment-controlled, parallel-group, 8-week study of reboxetine, given orally twice daily to adult patients with major depressive disorder; final report of the study protocol M/2020/0046. 2001. www.iqwig.de/download/Studie_046.pdf.
- 14 Ferguson JM, Wesnes KA, Schwartz GE. Reboxetine versus paroxetine versus placebo: effects on cognitive functioning in depressed patients. *Int Clin Psychopharmacol* 2003;18:9-14.
- 15 Pharmacia & Upjohn. Reboxetine, placebo, and paroxetine comparison in patients with major depressive disorder: a phase III, randomized, double-blind, placebo- and active-treatment-controlled, parallel-group, 8-week study of reboxetine, given orally twice daily to adult patients with major depressive disorder: final report of the study protocol M/2020/0047. 2001. www.iqwig.de/download/Studie_047.pdf.

- 16 Pharmacia & Upjohn. Reboxetine (PNU-155950E) versus placebo in the treatment of major depressive disorders: final report of the trial protocol number 97-CRBX049. 2001. www.iqwig.de/download/Studienbericht_zu_Studie_049.pdf.
- 17 Clayton AH, Zajecka J, Ferguson JM, Filipiak-Reisner JK, Brown MT, Schwartz GE. Lack of sexual dysfunction with the selective noradrenaline reuptake inhibitor reboxetine during treatment for major depressive disorder. *Int Clin Psychopharmacol* 2003;18:151-6.
- 18 Pharmacia & Upjohn. Reboxetine (PNU-155950E) versus placebo and fluoxetine in a controlled, randomized, double-blind, multicenter study of treatment in major depressive disorders: final report of the study protocol 97-CRBX-050. 2001. www.iqwig.de/download/Studie_050.pdf.
- 19 Baldwin D, Bridgman K, Buis C. Resolution of sexual dysfunction during double-blind treatment of major depression with reboxetine or paroxetine. *J Psychopharmacol* 2006;20:91-6.
- 20 Pharmacia & Upjohn. Reboxetine (PNU-155950E) vs paroxetine in a double-blind, multinational study of treatment in major depressive disorder: final report of the study 97-CRBX-052. 2004. www.iqwig.de/download/Studie_052.pdf.
- 21 Versiani M, Amin M, Chouinard G. Double-blind, placebo-controlled study with reboxetine in inpatients with severe major depressive disorder. *J Clin Psychopharmacol* 2000;20:28-34.
- 22 Versiani M. The selective noradrenaline re-uptake inhibitor reboxetine has an early onset of antidepressant action. *Int J Psychiatry Clin Pract* 2000;4:293-7.
- 23 Pharmacia Limited. Phase II placebo-controlled clinical study with reboxetine in major depressions: study CTN:20124/ADE 091; clinical study report. 1993. www.iqwig.de/download/Studienbericht_zu_Studie_091.pdf.
- 24 Berlanga C, Flores-Ramos M. Different gender response to serotonergic and noradrenergic antidepressants: a comparative study of the efficacy of citalopram and reboxetine. *J Affect Disord* 2006;95:119-23.
- 25 International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use. ICH harmonised tripartite guideline: structure and content of clinical study reports E3; current step 4 version. 1995. www.ich.org/LOB/media/MEDIA479.pdf.