Supplementary information to "Complementary therapies for clinical depression: an overview of systematic reviews"
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Supplementary table 1: Characteristics and outcomes of the included meta-analyses.

	Included meta-analysis	Diag-nosis	Number of studies	Studies with low risk of bias	Quality of the meta-analyses	Instru-ments used	Follow-up time	Pooled treatment effects (respective latest follow-up) with quality of evidence ratings according to GRADE	Safety
Acupuncture									
Manual acupuncture	Smith 2018[51]	MDD, CSD	49 RCTs	SB: 9 PB: 9 DB: 5 AB: 24 RB: 2 OB: 15	AMSTAR: 10	HAMD BDI	1.5-12 weeks	Severity: – Sign. greater effects than TAU (4 RCTs; SMD=-0.56; 95%CI=[-0.98,-0.15]; I^2=62%; p=.03; N=458; ⊕○○○ very low[a,c,d,e]) – No sign. effects versus invasive SHAM (7 RCTs; SMD=-0.43; 95%CI=[-0.95,0.08]; I^2=80%; p<.001; N=418; ⊕○○○ very low[a,c,d,e])[#] – Similar effects as SSRI/TCA (19 RCTs; SMD=-0.24; 95%CI=[-0.51,0.02]; I^2=87%; p<.001; N=1967; ⊕○○○ very low[a,c,e])[§] – Sign. greater effects as adjunctive to SSRI versus SSRI (8 RCTs; SMD=-1.32; 95%CI=[-2.09,-0.55]; I^2=93%; p<.001; N=539; ⊕○○○ very low[a,c,e]) Remission: – No sign. effects versus TAU (2 RCTs; RR=1.67; 95%CI=[0.77,3.65]; I^2=0%; p=.44; N=94; ⊕○○○ very low[a,d,e]) – No sign. effects versus invasive SHAM (5 RCTs; RR=1.89; 95%CI=[0.75,4.75]; I^2=63; p=.03; N=368; ⊕○○○ very low[a,c,d,e]) – Sign. smaller effects than SSRI/TCA (18 RCTs; RR=1.21; 95%CI=[1.06,1.39]; I^2=18%; p=.24; N=1952; ⊕⊕○○ low[a,e])[§] – No sign. effects as adjunctive to SSRI versus SSRI (5 RCTs; RR=1.33; 95%CI=[0.65,2.73]; I^2=76%; p=.002; N=299; ⊕○○○ very low[a,c,e])	– Similar AEs as TAU (1 RCT; RR=0.89; 95%CI=[0.35,2.24]; I^2=n.c.; N=320) – Similar AEs as invasive SHAM (1 RCT; RR=2.5; 95%CI=[0.15,40.37]; I^2=n.c.; N=17) – Similar AEs adjunctive to SSRI versus SSRI (2 RCTs; SMD=-0.37; 95%CI=[-1.2,0.47]; I^2=84%; N=150) – Sign. less AEs than SSRI (3 RCTs; SMD=-1.75; 95%CI=[-3.17,-0.32]; I^2=96%; p p<.001; N=481)[#]

Supplementary table 1: continued 2

	Included meta-analysis	Diag-nosis	Number of studies	Studies with low risk of bias	Quality of the meta-analyses	Instru-ments used	Follow-up time	Pooled treatment effects (respective latest follow-up) with quality of evidence ratings according to GRADE	Safety
Electroacu-puncture	Smith 2018[51]	MDD, CSD	21 RCTs	SB: 6 PB: 3 DB: 5 AB: 16 RB: 1 OB: 12	AMSTAR: 10	HAMD BDI	2-6 weeks	Severity: – Sign. greater effects than TAU (1 RCT; SMD=-1.26; 95%CI=[-2.10,-0.43]; I^2=n.c.; N=30; ⊕○○○ very low[a,c,d,e]) – No sign. effects versus invasive SHAM (5 RCTs; SMD=0.12; 95%CI=[-0.14,0.38]; I^2=0%; p=.82; N=251; ⊕○○○ very low[a,d,e])[#] – Sign. greater effects than SSRI/TCA (10 RCTs; SMD=-0.28; 95%CI=[-0.47,-0.09]; I^2=33%; p=.14; N=995; ⊕⊕○○ low[a,e])[§] – Sign. greater effects as adjunctive to SSRI versus SSRI (5 RCTs; SMD=-0.84; 95%CI=[-1.16,-0.51]; I^2=33%; p=.20; N=274; ⊕⊕○○ low[a,e]) Remission: – No sign. effects versus invasive SHAM (2 RCTs; RR=1.23; 95%CI=[0.35,4.29]; I^2=20; p=.26; N=87; ⊕○○○ very low[a,d,e]) – Similar effects as SSRI/TCA (8 RCTs; RR=1.01; 95%CI=[0.92,1.11]; I^2=0%; p=.43; N=966; ⊕⊕○○ low[a,e])[§] – No sign. effects as adjunctive to SSRI versus SSRI (5 RCTs; RR=1.17; 95%CI=[0.75,1.80]; I^2=49%; p=.10; N=273; ⊕○○○ very low[a,d,e])	– Similar AEs as invasive SHAM (4 RCTs; RR=1.79; 95%CI=[0.99,3.25]; I^2=16%; p=.31; N=244) – Sign. less AEs as adjunctive to SSRI versus SSRI (1 RCT; SMD=-3.39; 95%CI=[-4.27,-2.50]; I^2=n.c.; N=50)
Herbs									
St. John's wort	Linde 2008[150]	MDD	29 RCTs	SB: 18 PB: 29 DB: n.r. AB: 29 RB: n.r. OB: n.r.	AMSTAR: 8	HAMD MADRS	4-12 weeks	Response (50%): – Sign. greater effects than PLACEBO (18 RCTs; RR=1.48; 95%CI=[1.23,1.77]; I^2=75%; p<.001; N=3064; ⊕⊕⊕○ moderate[c]) – Similar effects as SSRI/TCA/TECA (17 RCTs; RR=1.01; 95%CI=[0.93,1.09]; I^2=17%; p=.25; N=2810; ⊕⊕⊕○ moderate[a])	– Similar AEs as PLACEBO (14 RCTs; OR=0.98; 95%CI=[0.78,1.23]; I^2=n.r.; N=2496), – Sign. less than ADMs (14 RCTs; OR=0.56; 95%CI=[0.43,0.74]; I^2=n.r.; N=2663)

Supplementary table 1: continued

	Included meta-analysis	Diag-nosis	Number of studies	Studies with low risk of bias	Quality of the meta-analyses	Instru-ments used	Follow-up time	Pooled treatment effects (respective latest follow-up) with quality of evidence ratings according to GRADE	Safety
St. John's wort (continued)	Apaydin 2016[142]	MDD	35 RCTs	SB: 9 PB: 27 DB: 5 AB: 26 RB: 3 OB: 33	AMSTAR: 9	HAMD	4-32 weeks	Severity: − Sign. greater effects than PLACEBO (16 RCTs; SMD=-0.49; 95%CI=[-0.74,-0.23]; I^2=89%; p=n.r.; N=2888; ⊕⊕⊕○ moderate[c]) − Similar effects as ADM (14 RCTs; SMD=-0.03; 95%CI=[-0.21,0.15]; I^2=74%; p=n.r.; N=2248; ⊕⊕○○ low[a,c]) Response (50%): − Sign. greater effects than PLACEBO (18 RCTs; RR=1.53; 95%CI=[1.19,1.97]; I^2=79%; p=n.r.; N=2922; ⊕⊕⊕○ moderate[c]) − Similar effects as ADM (17 RCTs; RR=1.01; 95%CI=[0.90,1.14]; I^2=52%; p=n.r.; N=2776; ⊕⊕⊕○ moderate[a]) Remission: − No sign. effects versus PLACEBO (9 RCTs; RR=1.69; 95%CI=[0.63,4.55]; I^2=94%; p=n.r.; N=1419; ⊕○○○ very low[a,c,d]) − Similar effects as ADM (7 RCTs; RR=1.17; 95%CI=[0.84,1.62]; I^2=29%; p=n.r.; N=787; ⊕⊕⊕○ moderate[a]) Relapse: − No sign. effects versus PLACEBO (1 RCT; RR=0.70; 95%CI=[0.49,1.02]; I^2=n.c.; N=426; ⊕○○○ very low[a,c,d]) − Similar effects as ADM (1 RCT; RR=4.17; 95%CI=[0.47,33.33]; I^2=n.c.; N=241; ⊕○○○ very low[a,c,d])	− Similar AEs as PLACEBO (13 RCTs; OR=0.83; 95%CI=[0.62,1.13]; I^2=n.r.; N=2600), − Sign. less than ADMs (11 RCTs; OR=0.67; 95%CI=[0.56,0.81]; I^2=n.r.; N=1946)
Saffron	Hausenblas 2013[147]	MDD	5 RCTs	SB: 5 PB: 5 DB: 5 AB: 5 RB: n.r. OB: n.r	AMSTAR: 7	HAMD	6-8 weeks	Severity: − Sign. greater effects than PLACEBO (2 RCTs; SMD=-1.62; 95%CI=[-2.14,-1.10]; I^2=0%; p=n.r.; N=71; ⊕○○○ very low[c,d,e]) − Similar effects as SSRI/TCA (3 RCTs; SMD=-0.15; 95%CI=[-0.52,0.22]; I^2=0%; p=n.r.; N=106; ⊕○○○ very low[c,d,e])	− No serious AEs

Supplementary table 1: continued

	Included meta-analysis	Diag-nosis	Number of studies	Studies with low risk of bias	Quality of the meta-analyses	Instru-ments used	Follow-up time	Pooled treatment effects (respective latest follow-up) with quality of evidence ratings according to GRADE	Safety
Curcuma	Ng 2017[155]	MDD, CSD	6 RCTs	SB: 3 PB: 3 DB: 3 AB: 2 RB: 2 OB: 1	AMSTAR: 6	HAMD, BDI	4-8 weeks	Severity: – Sign. greater effects than PLACEBO (6 RCTs; SMD=-0.34; 95%CI=[-0.56,-0.13]; I^2=0%; p=.82; N=377; ⊕○○○ very low[a,d,e])	– No serious AEs
Chinese herbs	Yeung 2014[162]	MND	21 RCTs	SB: 5 PB: 11 DB: 9 AB: 21 RB: 20 OB: 18	AMSTAR: 4	HAMD	6-8,5 weeks	Severity: – Sign. greater effects than PLACEBO (4 RCTs; SMD=-1.27; 95%CI=[-1.67,-0.87]; I^2=44%; p=.14; N=251; ⊕○○○ very low[b,e])[#] – Similar effects as SSRI/SNRI/TCA/TECA (9 RCTs; SMD=0.17; 95%CI=[-0.12,0.46]; I^2=82%; p<.001; N=1962; ⊕○○○ very low[b,c,e])[#] Response (30%): – Sign. greater effects than PLACEBO (3 RCTs; RR=2.99; 95%CI=[2.18,4.10]; I^2=0%; p=.53; N=281; ⊕○○○ very low[c,d,e]) – Similar effects as SSRI/SNRI/TCA/TECA (10 RCTs; RR=1.00; 95%CI=[0.94,1.07]; I^2=42%; p=.08; N=1635; ⊕○○○ very low[b,c,e])	– Similar AEs as PLACEBO (3 RCTs; RR=1.29; 95%CI=[0.86,1.95]; I^2=61%; p= n.r.; N=n.r.) – Sign. less AEs than ADMs (29 RCTs; RR=0.23; 95%CI=[0.16,0.33]; I^2=59%; p= n.r.; N=n.r.)
Light therapy									
Bright white light	Tuunainen 2004[161]	MND	18	SB: 2 PB: 0 DB: 13 AB: 1 RB: n.r. OB: n.r.	AMSTAR: 9	HAMD, GDS	1 day - 8 weeks	Severity: – Sign. greater effects than adjunctive to ADM than SHAM + ADM (18 RCTs; SMD=-0.20; 95%CI=[-0.38,-0.01]; I^2=60%; p<.001; N=505; ⊕○○○ very low[a,c,d]) Response: – No effects than adjunctive to ADM than SHAM + ADM (3 RCTs; RR=0.94; 95%CI=[0.61,1.46]; I^2=69%; p=.004; N=71; ⊕○○○ very low[a,c,d])	– No serious AEs
	Martensson 2015[152]	SAD	8 RCTs	N.r.	AMSTAR: 5	HAMD, SIGH-SAD	2-6 weeks	Severity: – Sign. greater effects than SHAM (8 RCTs; SMD=-0.54; 95%CI=[-0.95,-0.13]; I^2=n.r.; N=179; ⊕○○○ very low[b,c,d,e])	– N.r.

Supplementary table 1: continued

	Included meta-analysis	Diag-nosis	Number of studies	Studies with low risk of bias	Quality of the meta-analyses	Instru-ments used	Follow-up time	Pooled treatment effects (respective latest follow-up) with quality of evidence ratings according to GRADE	Safety
Meditative movement therapies									
Dance therapy	Meekums 2015[153]	MND	2 RCTs	SB: 1 PB: 0 DB: 1 AB: 2 RB: 2 OB: 1	AMSTAR: 9	HAMD	4-12 weeks	Severity: – Sign. greater effects as adjunctive to ADM versus ADM (2 RCTs; SMD=-1.06; 95%CI=[-1.46,-0.65]; I^2=0%; p=.70; N=107; ⊕⊕○○ low[d,c])[#]	– No serious AEs
Qi Gong and Tai Chi	Liu 2015[151]	MDD, CSD	5 RCTs	N.r.	AMSTAR: 4	HAMD, GDS, CESD	10-16 weeks	Severity: – Sign. greater effects than TAU for Qi Gong (2 RCTs; SMD=-1.27; 95%CI=[-2.09,-0.45]; I^2=74%; p=.05; N=120; ⊕○○○ very low[b,c,d,e])* but no sign. effects for Tai Chi (3 RCTs; SMD=-0.61; 95%CI=[-1.55,0.34]; I^2=78%; p=.01; N=120; ⊕○○○ very low[b,c,d,e])*	– N.r.
Yoga	Cramer 2013[145]	MDD, CSD	5 RCTs	SB: 0 PB: 0 DB: 1 AB: 1 RB: 5 OB: 3	AMSTAR: 8	HAMD, ZGS, GDS, BDI	4-8 weeks	Severity: – Sign. greater effects than TAU (4 RCTs; SMD=-1.03; 95%CI=[-1.90,-0.16]; I^2=82%; p<.001; N=141; ⊕○○○ very low[a,c,d,e])* – Sign. greater effects than EXERCISE (2 RCTs; SMD=-0.59; 95%CI=[-1.90,-0.16]; I^2=68%; p=.08; N=108; ⊕○○○ very low[a,c,d,e])	– N.r.
Mindfulness-based interventions									
MBCT	Strauss 2014[159]	MDD	4 RCTs	N.r.	AMSTAR: 5	HAMD, BDI	8-12 weeks	Severity: – Sign. greater effects than TAU (3 RCTs; SMD=-0.97; 95%CI=[-1.81,-0.12]; I^2=72%; p=.03; N=115; ⊕○○○ very low[b,c,d])[§] – Similar effects as CBT (1 RCT; SMD=-0.16; 95%CI=[-0.75,0.43]; I^2=n.c.; N=45; ⊕○○○ very low[b,c,d])[§]	– N.r.

Supplementary table 1: continued

	Included meta-analysis	Diag-nosis	Number of studies	Studies with low risk of bias	Quality of the meta-analyses	Instru-ments used	Follow-up time	Pooled treatment effects (respective latest follow-up) with quality of evidence ratings according to GRADE	Safety
MBCT (continued)	Kuyken 2016[149]	MDD	4 RCTs	SB: 4 PB: 0 DB: 3 AB: 4 RB: 4 OB: 4	AMSTAR: 6	SCID, BDI	60 weeks	Relapse: – Sign. greater effects than ADM (4 RCTs; HR=0.77; 95%CI=[0.60,0.98]; I^2=0%; p=.92; N=669; ⊕⊕⊕○ moderate[d])	– No serious AEs
MBSR	Bo 2017[144]	CSD	5 RCTs	SB: 0 PB: 0 DB: 1 AB: 5 RB: 5 OB: n.r.	AMSTAR: 6	HAMD, GDS	8-12 weeks	Severity: – Sign. greater effects than TAU/enhanced TAU (5 RCTs; SMD=-1.09; 95%CI=[-1.41,-0.76]; I^2=56%; p=.06; N=396; ⊕⊕○○ low[a,c])	– N.r.
Music therapy									
Music therapy	Zhao 2016[163]	MND	8 RCTs	SB: 0 PB: 0 DB: 0 AB: 8 RB: 7 OB: 8	AMSTAR: 7	HAMD, GDS, HADS	4-52 weeks	Severity: – Sign. greater effects than TAU (5 RCTs; SMD=-0.57; 95%CI=[-1.03,-0.11]; I^2=76%; p<.001; N=244; ⊕○○○ very low[a,c,d])* – Sign. greater effects as adjunctive to ADM versus ADM (3 RCTs; SMD=-0.88; 95%CI=[-1.07,-0.68]; I^2=0%; p=.63; N=257; ⊕⊕○○ low[a,e])*	– N.r.
	Aalbers 2017[139]	MDD, CSD	8 RCTs	SB: 2 PB: 1 DB: 1 AB: 7 RB: 2 OB: 3	AMSTAR: 11	HAMD	12 weeks	Severity: – Sign. greater effects than TAU (4 RCTs; SMD=-0.98; 95%CI=[-1.69,-0.27]; I^2=83%; p<.001; N=219; ⊕○○○ very low[a,c,d]) – Similar effects as CBT (4 RCTs; SMD=-1.28; 95%CI=[-3.57,1.02]; I^2=96%; p<.001; N=131; ⊕○○○ very low[a,c,d])	– Similar AEs as TAU (1 RCT; OR=0.45; 95%CI=[0.02,11.46]; I^2=n.c.; N=79)

Supplementary table 1: continued

	Included meta-analysis	Diag-nosis	Number of studies	Studies with low risk of bias	Quality of the meta-analyses	Instru-ments used	Follow-up time	Pooled treatment effects (respective latest follow-up) with quality of evidence ratings according to GRADE	Safety
Religious/spiritual therapies									
Faith-adapted CBT	Anderson 2015[141]	MDD, CSD	9 RCTs	SB: 0 PB: 0 DB: 4 AB: 4 RB: 9 OB: 0	AMSTAR: 7	N.r.	N.r.	Severity: – Sign. greater effects than TAU (6 RCTs; SMD=-0.69; 95%CI=[-1.21,-0.17]; I^2=82%; p=.004; N=304; ⊕○○○ very ow[a,c,d])[§] – Sign. greater effects than CBT (6 RCTs; SMD=-0.54; 95%CI=[-0.82,-0.25]; I^2=0%; p=.78; N=199; ⊕⊕○○ low[a,e])[§]	– N.r.
Supplements									
Inositol	Mukai 2014[155]	MDD	2 RCTs	N.r.	AMSTAR: 4	HAMD	4 weeks	Severity: – No sign. effects as adjunctive to SSRI versus PLACEBO + SSRI (2 RCTs; SMD=0.17; 95%CI=[-0.33,0.66]; I^2=0%; p=.93; N=78; ⊕○○○ very low[b,d,e])	– Similar AEs as adjunctive to ADM (1 RCT; RR=3.21; 95%CI=[0.14,72.55]; I^2=n.c.; N=36)
Omega-3 fatty acids	Appleton 2015[143]	MDD	26 RCTs	SB: 15 PB: 6 DB: 19 AB: 8 RB: 16 OB: 25	AMSTAR: 9	HAMD, MADRS, BDI, GDS, HSCL, IDS	4-16 weeks	Severity: – Sign. greater effects than PLACEBO (25 RCTs; SMD=-0.30; 95%CI=[-0.50,-0.10]; I^2=59%; p<.001; N=1373; ⊕○○○ very low[a,c,d,e]) – Similar effects as SSRI (1 RCT; SMD=-0.08; 95%CI=[-0.70,0.54]; I^2=n.c.; N=40; ⊕○○○ very low[a,c,d,e]) Response (50%): – No sign. effects versus PLACEBO (15 RCTs; OR=1.39; 95%CI=[0.95,2.04]; I^2=6%; p=.38; N=611; ⊕○○○ very low[a,d,e]) – Similar effects as SSRI (1 RCT; OR=1.23; 95%CI=[0.35,4.31]; I^2=n.c.; N=40; ⊕○○○ very low[a,c,d,e]) Remission: – No sign. effects versus PLACEBO (6 RCTs; OR=1.38; 95%CI=[0.87,2.20]; I^2=7%; p=.37; N=426; ⊕○○○ very low[a,d,e])	– Similar AEs as PLACEBO (19 RCT; OR=1.24; 95%CI=[0.95,1.62]; I^2=0%; p=.66; N=1207)

Supplementary table 1: continued 8

	Included meta-analysis	Diag-nosis	Number of studies	Studies with low risk of bias	Quality of the meta-analyses	Instru-ments used	Follow-up time	Pooled treatment effects (respective latest follow-up) with quality of evidence ratings according to GRADE	Safety
Probiotics	Huang 2016[148]	MDD	1 RCTs	SB: 1 PB: 1 DB: 1 AB: 1 RB: 1 OB: 1	AMSTAR: 7	BDI	8 weeks	Severity: – Sign. greater effects than PLACEBO (1 RCT; SMD=-0.73; 95%CI=[-1.37,-0.09]; I^2=n.c.; N=40; ⊕○○○ very low[c,d,e])	– N.r.
S-adenosyl methionine	Galizia 2016[146]	MDD	8 RCTs	SB: 2 PB: 4 DB: 4 AB: 3 RB: 8 OB: 8	AMSTAR: 9	HAMD	6-12 weeks	Severity: – No sign. effects versus PLACEBO (2 RCTs; SMD=-0.54; 95%CI=[-1.54,0.46]; I^2=72%; p=.06; N=142; ⊕○○○ very low[c,d,e]) – Similar effects as SSRI/TCA (5 RCTs; SMD=-0.01; 95%CI=[-0.22,0.21]; I^2=43%; p=.14; N=821; ⊕⊕○○ low[a,e])[§] – Sign. effects as adjunctive to SSRI versus PLACEBO + SSRI (1 RCT; SMD=-0.59; 95%CI=[-1.06,-0.12]; I^2=n.c.; N=73; ⊕○○○ very low[c,d,e])[#]	– Similar AEs as PLACEBO (2 RCTs; RR=0.70; 95%CI=[0.16,3.01]; I^2=n.r.; N=142) – Similar AEs as adjunctive to ADM (1 RCT, RR=0.58; 95%CI=[0.10,3.28]; I^2=n.c.; N=73) – Similar AEs as ADM (2 RCTs, RR=0.75; 95%CI=[0.20,2.79]; I^2=n.r.; N=52)
Tryptophan	Shaw 2002[158]	CSD	2 RCTs	SB: 2 PB: 2 DB: n.r. AB: 1 RB: n.r. OB: n.r	AMSTAR: 7	HAMD	3-12 weeks	Response: – Sign. greater effects than PLACEBO (2 RCTs; OR=4.10; 95%CI=[1.28,13.15]; I^2=0%; p=.32; N=46; ⊕○○○ very low[a,d,e])	– Sign. greater AEs than PLACEBO (2 RCTs; OR=7.41; 95%CI=[1.01,54.19]; I^2=0%; p=1.0; N=64)
Vitamin B9 (Folate)	Taylor 2003[160]	MDD	2 RCTs	SB: 0 PB: 2 DB: n.r. AB: 2 RB: n.r. OB: n.r.	AMSTAR: 8	HAMD	10-24 weeks	Severity: – Sign. greater effects as adjunctive to SSRI versus PLACEBO + SSRI (2 RCTs; SMD=-0.40; 95%CI=[-0.76,-0.05]; I^2=0%; p=.96; N=124; ⊕○○○ very low[a,c,d,e])[#]	– Similar AEs as PLACEBO (1 RCT; RR=0.76; 95%CI=[0.55,1.05]; I^2=n.c.; N=127)

Supplementary table 1: continued

	Included meta-analysis	Diag-nosis	Number of studies	Studies with low risk of bias	Quality of the meta-analyses	Instru-ments used	Follow-up time	Pooled treatment effects (respective latest follow-up) with quality of evidence ratings according to GRADE	Safety
Vitamin B9 (Folate) (continued)	Almeida 2015[140]	MDD	5 RCTs	SB: 4 PB: 5 DB: 4 AB: 3 RB: 4 OB: 1	AMSTAR: 6	HAMD, MADRS	4-52 weeks	Severity: − No sign. effects as adjunctive to SSRI versus PLACEBO + SSRI (5 RCTs; SMD=-0.12; 95%CI=[-0.45,0.22]; I^2=66%; p=.02; N=505; ⊕○○○ very low[c,d,e]) Response (50%): − No sign. effects as adjunctive to SSRI versus PLACEBO + SSRI (4 RCTs; OR=1.18; 95%CI=[0.49,2.83]; I^2=73%; p=.001; N=478; ⊕○○○ very low[c,d,e]) Relapse: − Sign. greater effects as adjunctive to SSRI versus PLACEBO + SSRI (1 RCT, OR=0.33; 95%CI=[0.12, 0.94]; I^2=n.c.; N=153; ⊕○○○ very low[c,d,e])	− N.r.
Vitamin D	Shaffer 2014[157]	MDD, CSD	2 RCTs	SB: 0 PB: 0 DB: 1 AB: 0 RB: n.r. OB: n.r.	AMSTAR: 7	HAMD, BDI	8 weeks	Severity: − Sign. greater effects than PLACEBO (2 RCTs; SMD=-0.60; 95%CI=[-1.19,-0.01]; I^2=n.r.; N=149; ⊕○○○ very low[a,c,d,e])	− N.r.
Zinc	Schefft 2017[156]	MDD	3 RCTs	N.r.	AMSTAR: 5	HAMD, BDI	6-12 weeks	Severity: − Sign. greater effects as adjunctive to SSRI/TCA versus SSRI/TCA (3 RCTs; SMD=-0.66; 95%CI=[-1.06,-0.26]; I^2=0%; p=.45; N=104; ⊕○○○ very low[b,d,e])	− N.r.

Abbreviations: AB: Attrition bias; ADM: Antidepressant medication; AE: Adverse events; AMSTAR: Assessment of the Methodological Quality of Systematic Reviews tool; BDI: Beck Depression Inventory; CBT: Cognitive Behavioral Therapy; CESD: Center for Epidemiologic Studies Depression Scale; CSD: Clinical symptoms of depression (questionnaire based diagnosis); DB: Detection bias; GDS: Geriatric Depression Scale; HADS: Hospital Anxiety and Depression Scale; HAMD: Hamilton Rating Scale for Depression; HR: Hazard ratio; HSCL: Hopkins Symptom Checklist Depression Scale; I^2: Heterogeneity; IDS: Inventory of Depressive Symptomology; MADRS: Montgomery-Asberg Depression Rating Scale; MBCT: Mindfulness-based Cognitive Therapy; MBSR: Mindfulness-based Stress Reduction; MDD: Major depressive disorder; MND: Mixed non-seasonal depression; N: Number of patients; N.c.: Not calculable because of only one included RCT; N.r.: Not reported; OB: Other bias; OR: Odds ratio; PB: Performance bias; RCT: Randomized controlled trial; RB: Reporting bias; RR: Risk ratio; SAD: Seasonal Affective Disorder; SB: Selection bias; SCID: Structured Clinical Interview; SIGH-SAD: Structured Interview Guide for the Hamilton Depression Rating Scale-Seasonal Affective Disorders; SMD: Standard mean difference; SSRI: Selective serotonin reuptake inhibitors; SNRI: Serotonin-norepinephrine reuptake inhibitor; TAU: Treatment as usual; TCA: Tricyclic antidepressants; TECA: Tetracyclic antidepressants; ZGS: Zung Depression Scale.

Supplementary table 1: continued 10

Notes:
*Newly calculated effect measure of selected RCTs meeting eligibility criteria;
[#]Newly calculated effect measure from mean differences (MDs);
[§]Newly calculated effect measure from originally separate/combined analyses.
[a]Downgraded one level because of study limitations (overall unclear or high risk of bias);
[b]Downgraded two levels because of study limitations (overall unclear or high risk of bias) and limitations of the meta-analysis (AMSTAR ≤ 5);
[c]Downgraded one level because of inconsistency (significant heterogeneity or no replication of the results);
[d]Downgraded one level because of imprecision (confidence interval includes negligible or no effects or fewer than 250 participants were included in total);
[e]Downgraded one level because of a probably high risk of publication bias.