

## Supplementary material

### S 1 Eligibility criteria for the study selection procedure.

	Inclusion criteria	Exclusion criteria
Population	<ul style="list-style-type: none"> <li>• subjects are children or adolescents <math>\leq 18</math> years before treatment initiation (if age range is not available, then use mean age: <math>\leq 18.0</math> years)</li> <li>• clinical or community samples as well as samples drawn from the general population</li> <li>• participants with or without increased risk for depression</li> <li>• participants with or without subthreshold depression</li> </ul>	<ul style="list-style-type: none"> <li>• adult samples (<math>&gt;18</math> years)</li> <li>• clinically depressed samples (<math>\geq 50\%</math> of participants currently meet or formerly met criteria for clinical diagnosis of depression before treatment initiation)</li> </ul>
Intervention	<ul style="list-style-type: none"> <li>• interventions aiming at preventing the onset of depression or reducing depressive symptoms (universal, selective, and indicated prevention)</li> <li>• social, psychological, or educational interventions targeting children and adolescents</li> </ul>	<ul style="list-style-type: none"> <li>• interventions aiming at treating depression or preventing its reoccurrence (secondary or tertiary prevention)</li> <li>• interventions only targeting caregiver including any pharmacological and hormonal components or solely relying on music-based or physical activity components</li> </ul>
Control	<ul style="list-style-type: none"> <li>• treatment as usual</li> <li>• wait-list control</li> <li>• attention placebo control</li> <li>• control arm with no treatment</li> </ul>	<ul style="list-style-type: none"> <li>• no control group</li> <li>• drug placebo</li> </ul>

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S1 Continued.

	Inclusion criteria	Exclusion criteria
Outcome	<ul style="list-style-type: none"> <li>outcome assessment before and after treatment initiation</li> <li>meeting diagnostic criteria for unipolar depressive disorder by administering fully structured or semi-structured diagnostic interviews or applying cut-off values on self- or proxy-report screening scales</li> <li>depressive symptom severity by administering fully structured or semi-structured diagnostic interviews or applying self- or proxy-report screening scales</li> </ul>	<ul style="list-style-type: none"> <li>bipolar depression, no depression, or depression only as secondary outcome</li> <li>only cost-effectiveness, process evaluation, surrogate outcome measures or multifactorial outcome index scores</li> </ul>
Study design	<ul style="list-style-type: none"> <li>randomised controlled trials</li> <li>cluster randomised controlled trials</li> </ul>	<ul style="list-style-type: none"> <li>meta-analysis</li> <li>systematic reviews</li> <li>narrative reviews/ overview articles</li> <li>observational studies</li> <li>qualitative studies</li> <li>non-controlled trials</li> <li>non-randomised trials</li> <li>quasi-randomised trials</li> <li>cross-over randomised controlled trials</li> </ul>

## Supplementary material

## S 2 Electronic search strategy for MEDLINE via PubMed.

Component	ID	Search term
Search filter for the “children” component [1]	#1	child*[tiab]
	#2	adolescent[tiab]
	#3	infan*[tiab]
	#4	#1 OR #2 OR #3
MeSH terms for “prevention” component	#5	"Mental Health Services"[mesh:noexp] AND Prevention and Control[sh:noexp]
	#6	"Preventive Health Services"[mesh:noexp] AND Prevention and Control[sh:noexp]
	#7	"Child Health Services"[mesh:noexp] AND Prevention and Control[sh:noexp]
	#8	"Adolescent Health Services"[mesh:noexp] AND Prevention and Control[sh:noexp]
	#9	"Community Mental Health Services"[mesh:noexp] AND Prevention and Control[sh:noexp]
	#10	"Preventive Medicine"[mesh:noexp] AND Prevention and Control[sh:noexp]
	#11	"Early Intervention (Education)"[mesh:noexp] AND Prevention and Control[sh:noexp]
	#12	"Health Education"[mesh:noexp] AND Prevention and Control[sh:noexp]
	#13	"Health Promotion"[mesh:noexp] AND Prevention and Control[sh:noexp]
	#14	"Family Therapy"[mesh:noexp] AND Prevention and Control[sh:noexp]
	#15	"Psychotherapy, Group"[mesh:noexp] AND Prevention and Control[sh:noexp]
	#16	"School Health Services"[mesh:noexp] AND Prevention and Control[sh:noexp]
	#17	#5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16

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S 2 Continued.

Component	ID	Search term	
Keywords for "prevention" component	#18	primary[tiab]	
	#19	targeted[tiab]	
	#20	universal[tiab]	
	#21	selective[tiab]	
	#22	selected[tiab]	
	#23	indicated[tiab]	
	#24	psycho*[tiab]	
	#25	educat*[tiab]	
	#26	social[tiab]	
	#27	#18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #26	
	#28	prevent*[tiab]	
	#29	intervention*[tiab]	
	Keywords and MeSH terms for "prevention" component	#30	program*[tiab]
#31		promot*[tiab]	
#32		#28 OR #29 OR #30 OR #31	
#33		#27 AND #32	
#34		#17 OR #33	
MeSH terms for "depression" component		#35	"Depression"[mesh:noexp] AND (Epidemiology[sh:noexp] OR Psychology[sh:noexp])
		#36	"Depressive Disorder"[mesh:noexp] AND (Epidemiology[sh:noexp] OR Psychology[sh:noexp])
	#37	"Depressive Disorder, Major"[mesh:noexp] AND (Epidemiology[sh:noexp] OR Psychology[sh:noexp])	
	#38	"Dysthymic Disorder"[mesh:noexp] AND (Epidemiology[sh:noexp] OR Psychology[sh:noexp])	
	#39	"Depression, Postpartum"[mesh:noexp] AND (Epidemiology[sh:noexp] OR Psychology[sh:noexp])	
	#40	#35 OR #36 OR #37 OR #38 OR #39	
Keyword for "depression" component	#41	depress*[tiab]	
MeSH terms and keywords for "depression" component	#42	#40 OR #41	

## Supplementary material

S 2 Continued.

Component	ID	Search term
MeSH terms for "study design" component	#43	"Controlled Clinical Trials as Topic"[mesh:noexp] AND (Methods[sh:noexp] OR Epidemiology[sh:noexp])
	#44	exp "Randomized Controlled Trial"[Publication Type]
	#45	#43 OR #44
Keywords for "study design" component	#46	random*[tiab]
	#47	trial[tiab]
	#48	#46 OR #47
MeSH terms and keywords for "study design" component	#49	#45 OR #48
Exclude animal-related research	#50	exp "Animals"[mesh]
	#51	exp "Humans"[mesh]
	#52	#50 NOT #51
	#53	#49 NOT #52
Exclude reviews, meta-analyses and research protocols	#54	Review [Publication Type]
	#55	"Review Literature as Topic"[mesh:noexp]
	#56	#54 OR #55
	#57	meta analysis[ti]
	#58	review[ti]
	#59	protocol[ti]
	#60	#57 OR #58 OR #59
Components: "child" + "prevention"	#61	#56 OR #60
	#62	#53 NOT #61
Components: "child" + "prevention" + "depression"	#63	#4 AND #34
Components: "child" + "prevention" + "depression"	#64	#63 AND #42
Components: "child" + "prevention" + "depression" + "study design"	#65	#64 AND #62
Restrict to records published between 2003 and 2019	#66	#65 AND 2003:2019[dp]

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S3 Hand-searched journals and systematic reviews as additional sources of information.

## Journals hand-searched for eligible primary studies

Journal of the American Academy of Child &amp; Adolescent Psychiatry

Journal of Abnormal Child Psychology

Journal of Paediatric Psychology

Behaviour Research and Therapy

## Systematic reviews for which the reference lists were searched for eligible primary studies

Ahlen, J., Lenhard, F., & Ghaderi, A. (2015). Universal prevention for anxiety and depressive symptoms in children: a meta-analysis of randomized and cluster-randomized trials. *The journal of primary prevention*, 36(6), 387-403.

Barry, M. M., Clarke, A. M., Jenkins, R., & Patel, V. (2013). A systematic review of the effectiveness of mental health promotion interventions for young people in low- and middle-income countries. *BMC public health*, 13(1), 835.

Bastounis, A., Callaghan, P., Banerjee, A., & Michail, M. (2016). The effectiveness of the Penn Resiliency Programme (PRP) and its adapted versions in reducing depression and anxiety and improving explanatory style: A systematic review and meta-analysis. *Journal of adolescence*, 52, 37-48.

Brunwasser, S. M., & Garber, J. (2016). Programs for the prevention of youth depression: Evaluation of efficacy, effectiveness, and readiness for dissemination. *Journal of Clinical Child & Adolescent Psychology*, 45(6), 763-783.

Brunwasser, S. M., Gillham, J. E., & Kim, E. S. (2009). A meta-analytic review of the Penn Resiliency Program's effect on depressive symptoms. *Journal of consulting and clinical psychology*, 77(6), 1042-1054.

Calear, A. L., & Christensen, H. (2010). Review of internet-based prevention and treatment programs for anxiety and depression in children and adolescents. *Medical Journal of Australia*, 192(11), S12.

Calear, A. L., & Christensen, H. (2010). Systematic review of school-based prevention and early intervention programs for depression. *Journal of adolescence*, 33(3), 429-438.

Cary, C. E., & McMillen, J. C. (2012). The data behind the dissemination: A systematic review of trauma-focused cognitive behavioral therapy for use with children and youth. *Children and Youth Services Review*, 34(4), 748-757.

Christensen, H., Pallister, E., Smale, S., Hickie, I. B. & Calear, A. L. (2010). Community-based prevention programs for anxiety and depression in youth: A systematic review. *Journal of Primary Prevention*, 31, 139-170.

Corrieri, S., Heider, D., Conrad, I., Blume, A., König, H. H., & Riedel-Heller, S. G. (2013). School-based prevention programs for depression and anxiety in adolescence: A systematic review. *Health promotion international*, 29(3), 427-441.

Cuijpers, P., van Straten, A., Smit, F., Mihalopoulos, C., & Beekman, A. (2008). Preventing the onset of depressive disorders: a meta-analytic review of psychological interventions. *American Journal of Psychiatry*, 165(10), 1272-1280.

Dardas, L. A., van de Water, B., & Simmons, L. A. (2017). Parental involvement in adolescent depression interventions: A systematic review of randomized clinical trials. *International journal of mental health nursing*, 27(2), 555-570.

Dray, J., Bowman, J., Campbell, E., Freund, M., Wolfenden, L., Hodder, R. K., ... & Small, T. (2017). Systematic review of universal resilience-focused interventions targeting child and adolescent mental health in the school setting. *Journal of the American Academy of Child & Adolescent Psychiatry*, 56(10), 813-824.

Ebert, D. D., Zarski, A. C., Christensen, H., Stikkelbroek, Y., Cuijpers, P., Berking, M., & Riper, H. (2015). Internet and computer-based cognitive behavioral therapy for anxiety and depression in youth: a meta-analysis of randomized controlled outcome trials. *PLOS ONE*, 10(3), e0119895.

Erford, B. T., Erford, B. M., Lattanzi, G., Weller, J., Schein, H., Wolf, E., ... & Peacock, E. (2011). Counseling outcomes from 1990 to 2008 for school-age youth with depression: A meta-analysis. *Journal of Counseling & Development*, 89(4), 439-457.

## Supplementary material

S3 Continued.

## Systematic reviews for which the reference lists were searched for eligible primary studies

- Garber, J., Brunwasser, S. M., Zerr, A. A., Schwartz, K. T., Sova, K., & Weersing, V. R. (2016). Treatment and Prevention of Depression and Anxiety in Youth: Test of Cross-Over Effects. *Depression and anxiety*, 33(10), 939-959.
- Grist, R., Porter, J., & Stallard, P. (2017). Mental health mobile apps for preadolescents and adolescents: a systematic review. *Journal of medical internet research*, 19(5), e176.
- Grist, R., Croker, A., Denne, M., & Stallard, P. (2018). Technology Delivered Interventions for Depression and Anxiety in Children and Adolescents: A Systematic Review and Meta-analysis. *Clinical Child and Family Psychology Review*, 22(2), 147-171.
- Hetrick, S., Cox, G., & Merry, S. (2015). Where to go from here? An exploratory meta-analysis of the most promising approaches to depression prevention programs for children and adolescents. *International journal of environmental research and public health*, 12(5), 4758-4795.
- Hetrick, S. E., Cox, G. R., Witt, K. G., Bir, J. J., & Merry, S. N. (2016). Cognitive behavioural therapy (CBT), third-wave CBT and interpersonal therapy (IPT) based interventions for preventing depression in children and adolescents. *Cochrane Database of Systematic Reviews*, (8).
- Merry, S. N., Hetrick, S. E., Cox, G. R., Brudevold-Iversen, T., Bir, J. J., & McDowell, H. (2012). Psychological and educational interventions for preventing depression in children and adolescents. Evidence-Based Child Health: *A Cochrane Review Journal*, 7(5), 1409-1685.
- Merry, S. N. & Spence, S. H. (2007). Attempting to prevent depression in youth: A systematic review of the evidence. *Early Intervention in Psychiatry*, 1, 128-137.
- Neil, A. L., & Christensen, H. (2007). Australian school-based prevention and early intervention programs for anxiety and depression: a systematic review. *Medical Journal of Australia*, 186(6), 305.
- Richardson, T., Stallard, P., & Velleman, S. (2010). Computerised cognitive behavioural therapy for the prevention and treatment of depression and anxiety in children and adolescents: a systematic review. *Clinical child and family psychology review*, 13(3), 275-290.
- Stice, E., Shaw, H., Bohon, C., Marti, C. N., & Rohde, P. (2009). A meta-analytic review of depression prevention programs for children and adolescents: factors that predict magnitude of intervention effects. *Journal of consulting and clinical psychology*, 77(3), 486.
- Stockings, E. A., Degenhardt, L., Dobbins, T., Lee, Y. Y., Erskine, H. E., Whiteford, H. A., & Patton, G. (2016). Preventing depression and anxiety in young people: a review of the joint efficacy of universal, selective, and indicated prevention. *Psychological medicine*, 46(1), 11-26.
- Werner-Seidler, A., Perry, Y., Calear, A. L., Newby, J. M., & Christensen, H. (2017). School-based depression and anxiety prevention programs for young people: A systematic review and meta-analysis. *Clinical psychology review*, 51, 30-47.

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**S4** Pre-specified characteristics for the analysis based on previous studies on associations with reporting quality.

Characteristic	Previous studies reporting on associations with reporting quality
Number of authors	Bigna (2016) [2] Chen (2018) [3] Fang (2020) [9] Fleming (2012) [10] Guo (2014) [4] Hua (2015) [5] Jin (2016) [11] Kiriakou (2014) [6] Menne (2021) [7] Seehra (2013) [12] Song (2017) [13] Wang (2021) [8] Zhang (2021) [14]
Sample size	Baulig (2018) [15] Chen (2018) [3] Fang et al. (2020) Jin (2016) [11] Mbuagbaw (2014) [16] Song (2017) [13] Sriganesh (2017) [17] Wang (2021) [8]
Number of sampling points	Chen (2018) [3] Fang (2020) [9] Fleming (2012) [10] Guo (2014) [4] Hua (2015) [5] Jin (2016) [11] Kiriakou (2014) [6] Mbuagbaw (2014) [16] Menne (2021) [7] Seehra (2013) [12] Song (2017) [13] Sriganesh (2017) [17] Wang (2021) [8] Zhang (2021) [14]
Abstract word count	Baulig (2018) [15] Chen (2018) [3] Fang et al. (2020) Guo (2014) [4] Hua (2015) [5] Jin (2016) [11] Knippschild (2021) [18] Menne (2021) [7] Wang (2021) [8]



## Supplementary material

S4 Continued.

Characteristic	Previous studies reporting on associations with reporting quality
Journal impact factor	Baulig (2018) [15] Bigna (2016) [2] Chen (2018) [3] Cui (2014) [19] Guo (2014) [4] Hua (2015) [5] Knippschild (2021) [18] Menne (2021) [7] Song (2017) [13] Wang (2021) [8] Zhang (2021) [14]
Abstract format	Bigna (2016) [2] Chen (2018) [3] Fang (2020) [9] Fleming (2012) [10] Guo (2014) [4] Hua (2015) [5] Jin (2016) [11] Knippschild (2021) [18] Menne (2021) [7] Song (2017) [13] Wang (2021) [8] Zhang (2021) [14]
Year of publication	Baulig (2018) [15] Bigna (2016) [2] Can (2011) [20] Chen (2018) [3] Chow (2018) [21] Cui (2014) [19] Guo (2014) [4] Hua (2015) [5] Jin (2016) [11] Knippschild (2021) [18] Mbuagbaw (2014) [16] Menne (2021) [7] Sivendran (2015) [22] Song (2017) [13] Speich (2019) [23] Sriganesh (2017) [17] Zhang (2021) [14]

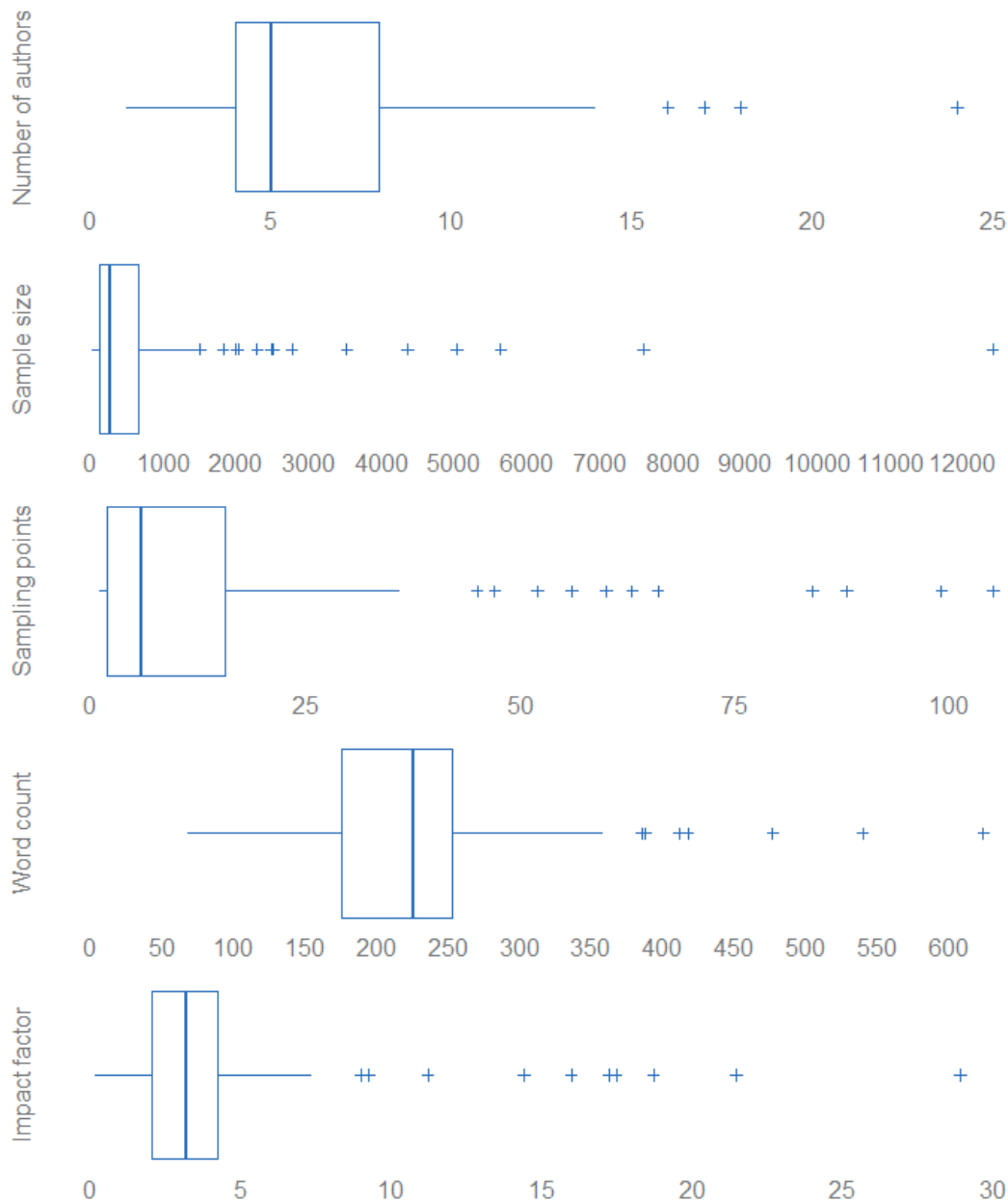
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S5 Variables extracted during the data collection process according to S4.

Variable	Definition	Source
Number of authors	The number of authors who have published the trial report.	First page of the trial report
Sample size	The number of subjects in all study arms.	Methods of the manuscript
Number of sampling points	The number of sampling points in all study arms.	Methods of the manuscript
Abstract word count	The number of words used only for the abstract, excluding keywords, author information and such.	Abstract of the trial report
Journal impact factor	The journal impact factor calculated from data indexed in the Web of Science Core Collection. If data was missing for a certain year, the journal impact factor from the latest year available was used.	Journal Citation Reports as provided by Clarivate
Abstract format	The number of sections used to structure the abstract. Following Hua et al., abstracts were categorized as unstructured (1 section), structured (2-4 sections) or highly structured (>4 sections).[24]	Abstract of the trial report
Year of publication	The year in which the trial report was first published.	First page of the trial report

Supplementary material

S6 Boxplots visualizing the distribution of continuous variables possibly related to overall reporting quality.



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S7 Interrater-reliability (Cohen's Kappa) and adequate reporting (proportion of trial abstracts) in 169 abstracts assessed according to CONSORT-A and CONSORT-C checklist items.

Item	Extension for cluster trials *	Description	Cohen's kappa			Proportion of trial abstract that reported...		
			unweighted	equal weights	squared weights	adequately	inadequately	not at all
General items								
01 Title	No	a) Identification of the study as randomized	.96	.96	.96	58.0	-	42.0
	Yes	b) Identification of study as cluster randomized	1		1	31.8	-	68.2
02 Trial design	No	Description of the trial design (e.g. parallel, cluster, non-inferiority)	.38	.45	.53	30.2	66.3	3.6
Trial Methodology								
03 Participants	No	a) Eligibility criteria for participants <u>and</u> the settings where the data were collected **				35.5	62.1	2.4
		(i) The authors report eligibility criteria for participants	.77	.78	.80	80.5	17.2	2.4
		(ii) The authors report eligibility criteria for setting	.81	.85	.89	35.5	30.2	34.3
	Yes	b) Eligibility criteria for clusters	.80		.79	47.0	30.3	22.7
04 Interventions	No	Interventions intended for each group **				30.8	68.0	1.2
		(i) Authors report essential features of the experimental intervention	.80	.81	.82	52.7	45.6	1.8
		(ii) Authors report essential features of the comparison intervention	.76	.82	.86	47.9	21.3	30.8

## Supplementary material

S7 Continued.

Item	Extension for cluster trials *	Description	Cohen's kappa			Proportion of trial abstract that reported...		
			unweighted	equal weights	squared weights	adequately	inadequately	not at all
Trial Methodology								
05 Objective	No	(a) Specific objective <u>or</u> hypothesis	.73	.74	.76	89.9	8.3	1.8
	Yes	(b) Whether objective <u>or</u> hypothesis pertains to the cluster level, the individual participant level, <u>or</u> both	.66		.89	1.5	-	98.5
06 Outcome	No	(a) Clearly defined primary outcome for this report **				10.1	89.9	-
		(i) Authors explicitly state the primary outcome	.91	.91	.91	14.8	84.6	0.6
		(ii) Authors explicitly state when the primary outcome was assessed	.69	.78	.84	51.5	23.1	25.4
	Yes	(b) Whether the primary outcome pertains to the cluster level, the individual participant level <u>or</u> both	.56		.61	3.0	3.0	93.9
07 Randomization	No	(a) How participants were allocated to interventions	.49	.59	.66	2.4	-	97.6
	Yes	(b) How clusters were allocated to interventions	.88		.88	6.1	-	93.9

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S7 Continued.

Item	Extension for cluster trials *	Description	Cohen's kappa			Proportion of trial abstract that reported...		
			unweighted	equal weights	squared weights	adequately	inadequately	not at all
Trial Methodology								
08 Blinding (masking)	No	Whether or not participants, care givers, <u>and</u> those assessing the outcomes were blinded to group assignment **				-	3.6	96.4
		(i) Authors describe if participants were blinded	.77	.85	.92	1.2	1.8	97.0
		(ii) Authors describe if program deliverer were blinded	.77	.85	.92	1.2	1.8	97.0
		(iii) Authors describe if data collectors/analysts were blinded	.66	.66	.66	0.6	1.8	97.6
Trial results								
09 Numbers randomized	No	(a) Number of participants randomized to each group	.95	.97	.98	32.0	1.8	66.3
	Yes	(b) Number of clusters randomized to each group	.76		.78	13.6	1.5	84.8
10 Numbers analyzed	No	(a) Number of participants analyzed in each group	.88	.93	.96	3.6	2.4	94.1
	Yes	(b) Number of clusters analyzed in each group	1		1	1.5	-	98.5

## Supplementary material

S7 Continued.

Item	Extension for cluster trials *	Description	Cohen's kappa			Proportion of trial abstract that reported...		
			unweighted	equal weights	squared weights	adequately	inadequately	not at all
Trial results								
11 Outcome	No	(a) For the primary outcome, a result for each group and the estimated effect size and its precision	.94	.94	.94	27.2	72.8	-
	Yes	(b) Results at the cluster <u>or</u> individual level as applicable for each primary outcome	.96		.96	28.8	71.2	-
12 Harms	No	Important adverse events <u>or</u> side effects	0***	0***	0***	0.6	-	99.4
13 Conclusions	No	General interpretation of the results **				36.7	47.3	16.0
		(i) Authors state the conclusions of the trial	.75	.79	.82	71.0	1.8	27.2
		(ii) Authors state implications for further research or clinical practice	.74	.78	.81	46.2	8.3	45.6
14 Trial registration	No	Registration number <u>and</u> name of trial register **				17.2	3.0	79.9
		(i) Authors provide details on the trial registration number	1	1	1	20.1	-	79.9
		(ii) Authors provide details on the name of the trial register	.98	.98	.98	17.2	0.6	82.2
15 Funding	No	Source of funding	.88	.89	.95	11.8	0.6	87.6

Comments: Items corresponding to author contact information and trial status were not assessed because these items are specific to conference abstracts that were excluded from this study. Because journals often have their own standards for positioning funding information, we rated funding as adequately reported if it was reported in the abstract or in a section other than the abstract (e.g., at the end of the article). Due to rounding errors, the percentages may not add up.

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\* Studies that randomized their intervention on the cluster level were assessed for adherence to CONSORT-A and CONSORT-C (N = 66). Studies that randomized on the individual level were evaluated for adherence to CONSORT-A, only (N = 103). As a result, all 169 reports were assessed for CONSORT-A, but only 66 cluster randomized trial reports were additionally checked for CONSORT-C.

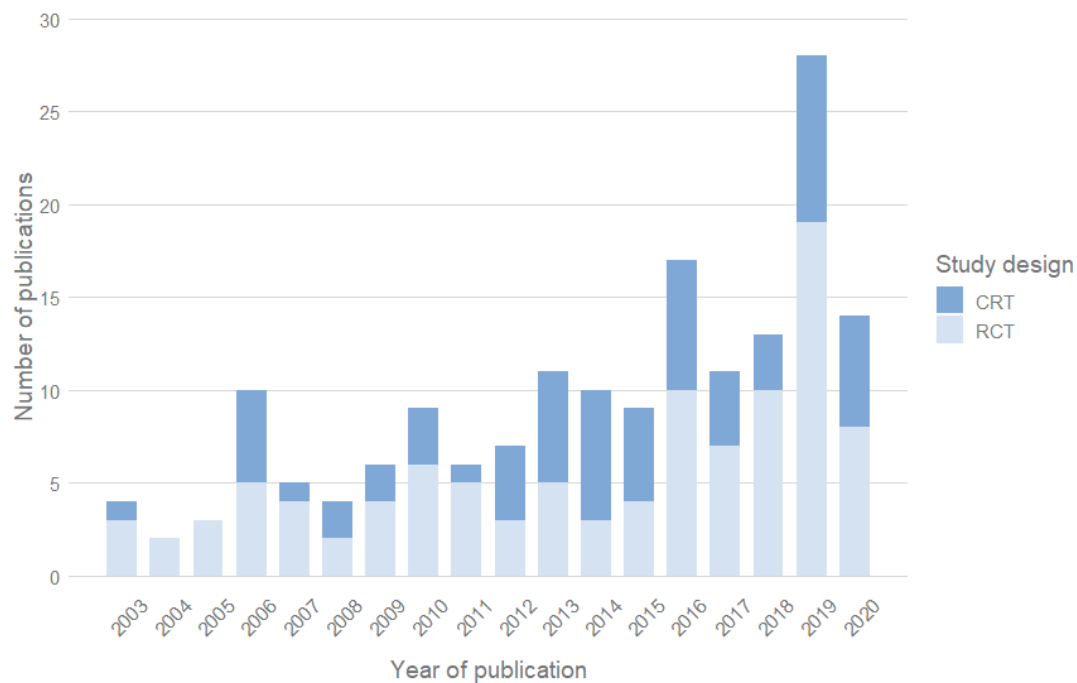
\*\* For those items where multiple dimensions are required, we operationalized each dimension separately. Subsequently we merged these dimensions into summary variables. If all dimensions were reported adequately, the summary variable was reported adequately. If at least one dimension was reported inadequately, the summary variable was reported inadequately. If all dimensions were not reported, the summary variable was not reported.

\*\*\* The agreement of the CONSORT items Harms was almost identical. Kappa is nevertheless equal to zero. The correction factor of the kappa formula is responsible for this paradox. The factor corrects for random agreement between raters. If the proportion of observed agreement is high, it can lower the kappa values toward zero. For further explanation and examples, see Feinstein and Cicchetti. [25]



## Supplementary material

**S8** Annual number of included trial reports by study design between January 2003 and August 2020 (N= 169).



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## REFERENCES

- 1 Kastner M, Wilczynski NL, Walker-Dilks C, et al. Age-specific search strategies for Medline. *J Med Internet Res* 2006;8(4):e25. doi:10.2196/jmir.8.4.e25 [published Online First: 25 October 2006].
- 2 Bigna JJR, Noubiap JJN, Asangbeh SL, et al. Abstracts reporting of HIV/AIDS randomized controlled trials in general medicine and infectious diseases journals: completeness to date and improvement in the quality since CONSORT extension for abstracts. *BMC Med Res Methodol* 2016;16(1):138. doi:10.1186/s12874-016-0243-y [published Online First: 13 October 2016].
- 3 Chen J, Li Z, Liu B, et al. Quality improvement in randomized controlled trial abstracts in prosthodontics since the publication of CONSORT guideline for abstracts: a systematic review. *J Dent* 2018;23–29. doi:10.1016/j.jdent.2018.04.025 [published Online First: 6 May 2018].
- 4 Guo J-W, Iribarren SJ. Reporting quality for abstracts of randomized controlled trials in cancer nursing research. *Cancer Nurs* 2014;37(6):436–44.
- 5 Hua F, Deng L, Kau CH, et al. Reporting quality of randomized controlled trial abstracts. *The Journal of the American Dental Association* 2015;146(9):669-678.e1.
- 6 Kiriakou J, Pandis N, Madianos P, et al. Assessing the reporting quality in abstracts of randomized controlled trials in leading journals of oral implantology. *J Evid Based Dent Pract* 2014;14(1):9–15. doi:10.1016/j.jebdp.2013.10.018 [published Online First: 19 December 2013].
- 7 Menne MC, Pandis N, Faggion CM. Reporting quality of abstracts of randomized controlled trials related to implant dentistry. *J Periodontol* 2021.
- 8 Wang D, Chen L, Wang L, et al. Abstracts for reports of randomized trials of COVID-19 interventions had low quality and high spin. *J Clin Epidemiol* 2021;139:107–20.
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