Level 4 - Data Extraction Guidelines & Recommendations
1. Is publication date of this guideline 2004 and forward?Yes (continue)No (stop)
2. What organization sponsored this Guideline?
3. In which country is this guideline applied?
4. What is the scope and purpose of this Guideline/Recommendation? (List all that apply) □ Treatment □ Diagnosis □ Prognosis □ Others (specify):
 5. Who are the Intended Users (check all that apply) Primary Care Physicians (e.g. General practitioners) Mental Health Specialist (Psychiatrists) Allied Mental Health Professionals (Social Workers, Mental Health Nurses, Occupational Therapists) Patients Others (specify)
6. What is the setting for use of this Guideline? (check all that apply) □ Primary Care □ Mental Health Out Patient Setting □ Mental Health Inpatient Setting □ Others (specify):
7. What is the target population on this Guideline? (check all that apply) Adult MDD Adult Dysthymia Adult Subsyndromal Adolescent MDD Adolescent Dysthymia Adolescent Subsyndromal None of the above (stop)
 8. Does this guideline have a specific recommendation (course of action) for patients who do not respond to the intervention(s)? Yes No Not sure
9. What is the definition of AND method of establishing "inadequate/ unsatisfactory" response?

Recommendation #1 for populations who failed to respond to previous antidepressants;

10. Specify Recommendation #1 for populations who failed to respond to previous antidepressants. (Please type in the exact wording)	
11. Does the recommendation identify or stratify actions or suggestions based on the specific TYPE of antidepressant medication that subjects had not respond to adequately? □ NO: they do NOT specify previous type of antidepressant (go to Q13) □ YES: they specify the type of antidepressant	
12. Specify the type/class of DRUG intervention (check all that apply) SSRI (specify): SNRI (specify): SSNRI (specify): Other second generation antidepressants (specify): None Pharmological (specify):	
13. What type of system was used to grade or evaluate the strength of evidence (i.e. GRADE, or some association specific system?	
14. Grading of the recommendation #1: (i.e. strong recommendation)	
15. Rating of quality of evidence for Recommendation #1 : (i.e. evidence at high risk of bias, or level I (indicating RCT design)	
16. For the evidence that is cited to support the recommendation, please list the number and type of studies included: (i.e. 4 RCTs, and 2 Observational studies)	
17. Does the recommendation ONLY specifiy actions / suggestions to switch to the use of MONTHERAPY that are generic (not specific to drug or intervention? (Please type in the exact wording)	
18. Does the recommendation specify any of the following for MONTHERAPY treatment changes? (specify exact wording) □ ONLY specify actions / suggestions to switch but is non-specific (Specify exact wording):	
□ Indicates to change the DOSE of the current SSRI or antidepressant : □ □	
□ Indicates to change the DURATION of the current SSRI or antidepressant : □ □ Indicates a switch from one SSRI to another SSRI OR from one Non-SSRI antidepressant to another within the SAME drug class : □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
□ Indicates a switch from an SSRI to another non-SSRI antidepressant of a different class :	
☐ Indicates a switch from an SSRI or non-SSRI anti-depressant to a non-pharmacological treatment :	

19. Does the recommendation specify any of the following for COMBINED THERAPY treatment changes: (specify exact wording)
□ ONLY specify actions / suggestions to combine therapies but is non-specific :
☐ Indicates to combine therapies with Augmenters (drugs or food supplements) :
☐ Indicates to combine one SSRI or non-SSRI antidepressant with another SSRI or non-SSRI antidepressant of the SAME class :
□ Indicates to combine one SSRI with another non-SSRI antidepressant :
□ Indicates to combine an SSRI or antidepressant with a non-pharmacological intervention :
□ Indicates to combine an SSRI or antidepressant with multiple combinations (any intervention previously listed) :
Recommendation #2 for populations who failed to respond to previous antidepressants;
10. Specify Recommendation #2 for populations who failed to respond to previous antidepressants. (Please type in the exact wording)
11. Does the recommendation identify or stratify actions or suggestions based on the specific TYPE of antidepressant medication that subjects had not respond to adequately? □ NO: they do NOT specify previous type of antidepressant (go to Q13) □ YES: they specify the type of antidepressant
12. Specify the type/class of DRUG intervention (check all that apply) SSRI (specify): SNRI (specify): SSNRI (specify): Other second generation antidepressants (specify): None Pharmological (specify):
13. What type of system was used to grade or evaluate the strength of evidence (i.e. GRADE, or some association specific system?
14. Grading of the recommendation #2: (i.e. strong recommendation)
15. Rating of quality of evidence for Recommendation #2 : (i.e. evidence at high risk of bias, or level I (indicating RCT design)
16. For the evidence that is cited to support the recommendation, please list the number and type of studies included: (i.e. 4 RCTs, and 2 Observational studies)
17. Does the recommendation ONLY specifiy actions / suggestions to switch to the use of MONTHERAPY that are generic (not specific to drug or intervention? (Please type in the exact wording)

18. Does the recommendation specify any of the following for MONTHERAPY treatment changes? (specify exact wording)
□ ONLY specify actions / suggestions to switch but is non-specific (Specify exact wording) :
□ Indicates to change the DOSE of the current SSRI or antidepressant :
□ Indicates to change the DURATION of the current SSRI or antidepressant :
□ Indicates a switch from one SSRI to another SSRI OR from one Non-SSRI antidepressant to another within the SAME drug class :
□ Indicates a switch from an SSRI to another non-SSRI antidepressant of a different class :
□ Indicates a switch from an SSRI or non-SSRI anti-depressant to a non-pharmacological treatment :
19. Does the recommendation specify any of the following for COMBINED THERAPY treatment changes: (specify exact wording)
□ ONLY specify actions / suggestions to combine therapies but is non-specific :
☐ Indicates to combine therapies with Augmenters (drugs or food supplements) :
☐ Indicates to combine one SSRI or non-SSRI antidepressant with another SSRI or non-SSRI antidepressant of the SAME class :
□ Indicates to combine one SSRI with another non-SSRI antidepressant :
□ Indicates to combine an SSRI or antidepressant with a non-pharmacological intervention :
□ Indicates to combine an SSRI or antidepressant with multiple combinations (any intervention previously listed) :
Recommendation #3 for populations who failed to respond to previous antidepressants;
10. Specify Recommendation #3 for populations who failed to respond to previous antidepressants. (Please type in the exact wording)
11. Does the recommendation identify or stratify actions or suggestions based on the specific TYPE of antidepressant medication that subjects had not respond to adequately? □ NO: they do NOT specify previous type of antidepressant (go to Q13) □ YES: they specify the type of antidepressant
12. Specify the type/class of DRUG intervention (check all that apply) SSRI (specify): SNRI (specify):
Other second generation antidepressants (specify) :
□ None Pharmological (specify) :
13. What type of system was used to grade or evaluate the strength of evidence (i.e. GRADE, or some association specific system?
14. Grading of the recommendation #3: (i.e. strong recommendation)

15. Rating of quality of evidence for Recommendation #3: (i.e. evidence at high risk of bias, or level I (indicating RCT design)
16. For the evidence that is cited to support the recommendation, please list the number and type of studies included: (i.e. 4 RCTs, and 2 Observational studies)
17. Does the recommendation ONLY specifiy actions / suggestions to switch to the use of MONTHERAPY that are generic (not specific to drug or intervention? (Please type in the exact wording)
18. Does the recommendation specify any of the following for MONTHERAPY treatment changes? (specify exact wording) □ ONLY specify actions / suggestions to switch but is non-specific (Specify exact wording):
□ Indicates to change the DOSE of the current SSRI or antidepressant :
□ Indicates to change the DURATION of the current SSRI or antidepressant :
□ Indicates a switch from one SSRI to another SSRI OR from one Non-SSRI antidepressant to another within the SAME drug class :
□ Indicates a switch from an SSRI to another non-SSRI antidepressant of a different class :
☐ Indicates a switch from an SSRI or non-SSRI anti-depressant to a non-pharmacological treatment :
19. Does the recommendation specify any of the following for COMBINED THERAPY treatment changes: (specify exact wording) □ ONLY specify actions / suggestions to combine therapies but is non-specific:
☐ Indicates to combine therapies with Augmenters (drugs or food supplements) :
□ Indicates to combine one SSRI or non-SSRI antidepressant with another SSRI or non-SSRI antidepressant of the SAME class :
□ Indicates to combine one SSRI with another non-SSRI antidepressant :
□ Indicates to combine an SSRI or antidepressant with a non-pharmacological intervention :
☐ Indicates to combine an SSRI or antidepressant with multiple combinations (any intervention previously listed) :
Recommendation #4 for populations who failed to respond to previous antidepressants;
10. Specify Recommendation #4 for populations who failed to respond to previous antidepressants. (Please type in the exact wording)
11. Does the recommendation identify or stratify actions or suggestions based on the specific TYPE of antidepressant medication that subjects had not respond to adequately? □ NO: they do NOT specify previous type of antidepressant (go to Q13) □ YES: they specify the type of antidepressant

12. Specify the type/class of DRUG intervention (check all that apply)
□ SSRI (specify):
□ SNRI (specify) :
□ SSNRI (specify):
□ Other second generation antidepressants (specify) : □ None Pharmological (specify) :
□ None Friamological (specify).
13. What type of system was used to grade or evaluate the strength of evidence (i.e. GRADE, or some association specific system?
14. Grading of the recommendation #4: (i.e. strong recommendation)
15. Rating of quality of evidence for Recommendation #4: (i.e. evidence at high risk of bias, or level I (indicating RCT design)
16. For the evidence that is cited to support the recommendation, please list the number and type of studies included: (i.e. 4 RCTs, and 2 Observational studies)
17. Does the recommendation ONLY specifiy actions / suggestions to switch to the use of MONTHERAPY that are generic (not specific to drug or intervention? (Please type in the exact wording)
18. Does the recommendation specify any of the following for MONTHERAPY treatment changes? (specify exact wording)
□ ONLY specify actions / suggestions to switch but is non-specific (Specify exact wording) :
□ Indicates to change the DOSE of the current SSRI or antidepressant :
□ Indicates to change the DURATION of the current SSRI or antidepressant :
□ Indicates a switch from one SSRI to another SSRI OR from one Non-SSRI antidepressant to another within the SAME drug class :
□ Indicates a switch from an SSRI to another non-SSRI antidepressant of a different class :
☐ Indicates a switch from an SSRI or non-SSRI anti-depressant to a non-pharmacological treatment :
19. Does the recommendation specify any of the following for COMBINED THERAPY treatment
changes: (specify exact wording)
□ ONLY specify actions / suggestions to combine therapies but is non-specific :
☐ Indicates to combine therapies with Augmenters (drugs or food supplements) :
□ Indicates to combine one SSRI or non-SSRI antidepressant with another SSRI or non-SSRI antidepressant of the SAME class :
□ Indicates to combine one SSRI with another non-SSRI antidepressant :
□ Indicates to combine an SSRI or antidepressant with a non-pharmacological intervention :
☐ Indicates to combine an SSRI or antidepressant with multiple combinations (any intervention previously listed) :

50. Data Extractor/Reviewer:	
51. Second Reviewer:	
52. This is a companion guideline to :	