**Appendix A2. Table of included studies**

| **Study** | **Participants (N, mean (SD) age, %female)** | **Depression/Anxiety criteria** | **Functional limitation criteria** | **Relevant outcomes measured + time-points** | **Key conclusions** |
| --- | --- | --- | --- | --- | --- |
| **Problem-solving therapy** |
| Alexopoulos 201627RCT, USACase management + PST vs case management | N = 171 (171 analysed)74.9 (9.3) years, [gender NR] | Major depression (SCID, DSM IV) plus HAM-D-24 ≥19. Baseline mean (SD) HAM-D scores: Int 22.7 (3.98), control 22.46 (4.03)  | Recipients of home-delivered meals services; ≥1 impaired IADL  | Baseline, 3, 6, 9, 12, 24 weeks* + Depression: depressive symptoms (HAM-D), response (≥50% reduction in HAM-D score), remission (HAM-D ≤10)
* Need for social services (CANE)
* Disability (WHODAS II)
 | No significant differences, though both groups reduced depressive symptoms (maintained 12 weeks post intervention) |
| Choi 201435RCT, USATele-PST vs in-person PST vs support call | N = 158 (139 analysed)64.80 (9.18) years, 78.5%f | HAM-D (24 item) ≥15. Baseline mean (SD) HAM-D scores: 23.89 (6.52). | Homebound (Medicare criteria), servedby home-delivered meal program and four other aging-service agencies | Baseline, 12, 24, 36 weeks * Depressive symptoms (HAM-D)
* Disability status (WHODAS II)
 | In-person and tele-PST were both more effective than a care call control, with longer sustaining of effects in tele-PST |
| Ciechanowski 200434RCT, USAPEARLS PST vs usual care | N = 138 (138 analysed)73.0 (8.5) years, 79%f | Minor depression or dysthymia (SCID, DSM IV). Baseline: 48.6% dysthymia, 51.4% had minor depression. Baseline mean (SD) HSCL-20 score 1.3 (0.5). | Receiving services from senior service agencies or living in senior public housing | Baseline, 6, 12 months* Depression: symptoms (HSCL-20), response (≥50% reduction in HSCL-20 score), remission (HSCL-20 score <0.5)
* Health-related quality of life (FACT-G)
* Healthcare Utilisation (eCornell Services Index, categorical)
 | PEARLS intervention resulted in lower severity and greater remission of depression at 6 and 12 months. |
| Gellis 200737RCT, USAPST-home care vs usual care | N = 48 (40 analysed) 79.9 (4.2) years,85%f | CES-D score ≥22Baseline mean (SD) BDI score: Int 29.43 (6.5), control 30.3 (6.2), GDS score: Int: 15.25 (6.1), control 15.3 (6.4)  | Home care patients | Baseline, posttreatment, 3 months, 6 months* Depressive symptoms (BDI, GDS-15)
* Quality of Life Index (QOLI)
 | PST-HC decreased depressive symptoms and increased quality of life compared to UC |
| Gellis 200832RCT, USAPST-home care vs treatment as usual | N = 69 (62 analysed)77.4 (2.3) years, 87.5%f | DSM IV criteria for minor depression plus HAM-D (17 item) score of ≥11.Baseline mean (SD) HAM-D scores: Int 20.31 (4.26), control 20.72 (4.53), GDS scores: Int 15.25 (6.1), control 15.3 (6.4) | Home care patients | Baseline, posttreatment, 3, 6 months* Depressive symptoms (BDI, GDS-15)
* Quality of Life Index (QOLI)
 | PST-HC decreased depressive symptoms compared to TAU. No change in quality of life. |
| Kiosses 201025RCT, USAPATH vs supportive therapy | N = 30 (30 analysed) PATH 80.46 (8.45) years, 66.67%f; ST 78.36 (8.12) years, 73.33%f | Major depression (SCID, DSM IV) plus HAM-D-24 score of ≥17. Baseline mean (SD) HAM-D scores: Int 22.40 (3.92), control 21.40 (2.80)  | ≥1 IADL impairment (Philadelphia MAI);limited mobility to follow therapy (physiotherapist judgement) | Baseline, 6, 12 weeks* Depressive symptoms (HAM-D)
* Disability (SDS)
 | PATH was more effective than supportive therapy at reducing depression and disability.  |
| Kiosses 201526RCT, USAPATH vs supportive therapy | N = 74 (74 analysed)80.90 (7.48) years, 74%f | Major depression (SCID, DSM IV) plus MADRS score of ≥17. Baseline mean (SD) MADRS scores: Int 21.08 (3.74), control 21.42 (3.26) | ≥1 IADL impairment (Lawton IADL scale); limited mobility to attend weekly outpatient treatment (participant, caregiver, or physician report) | Baseline, 12 weeks* Depression: symptoms (MADRS), remission (MADRS ≤ 7), partial remission (MADRS ≤ 10), response (≥50% reduction in MARDS)
* Disability (WHODAS II)
 | PATH is effective at reducing depression and disability in community-living older adults. |
| **Collaborative care**  |
| Banerjee 199629RCT, UKPsychogeriatric MDT vs control | N = 69 (69 analysed)Int 80.4 (6.7) years, 85%f; control 81.0 (6.9) years, 81%f  | ≥8 on the Selfcare(d) questionnaire (plus AGECAT system to generate psychiatric diagnoses). Baseline mean (SD) MADRS score Int 27.5 (6.2), control 25.1 (6.3) | Receiving home care | Baseline, 6 months* Depression: recovery (change from AGECAT case to non-case); N improved, unchanged or increased AGECAT score; symptoms (MADRS)
 | Psychogeriatric treatment more effective than general practitioner care alone in treatment of depression. |
| Blanchard 199539RCT (subgroup analysis of patients with incapacity), UKCollaborative care vs control | N = 96 (82 analysed, N and characteristics of subgroup NR) 76.3 years [SD NR], 83%f | Short-CARE >=6 plus GMS - AGECAT used to classify depression diagnosis. Baseline mean (SD) DPDS score 8.84 (2.5) | "physical incapacity" - person's inability at the time of interview to move around their own home (interviewer-assessed) | Baseline, 3 months* Change in DPDS score on the short-CARE
* N depression cases (GMS-AGECAT)
 | Collaborative care reduced depressive symptoms and number of cases compared to control. Those with physical capacity improved more than those without. |
| Bruce 201536,44Cluster RCT, USACAREPATH vs enhanced usual care | N = 306 (224 analysed at 3 months, 208 at 6 months, 174 at 12 months)76.5 (8.0) years, 69.6%f | OASIS PHQ-2 ≥3. Baseline mean (SD) HAM-D-24 score 14.2 (7.8). | Receiving Medicare home healthcare services  | Baseline, 3, 6, 12 months* + Depression severity (HAM-D)
	+ Healthcare utilization
 | CAREPATH only effective in subgroups with major depression. Non-significant reductions in 30- and 60-day hospitalisations. |
| Enguidanos 200530RCT, USADepression care management vs usual care management | N = 171 (151 analysed)78 (7.1) years, 74%f | GDS score of ≥5. Baseline mean PHQ-9 scores Int 11.2, control 12.3 GDS: Int 8.39, control 7.49 [SDs not reported][[1]](#footnote-1) | Inability to perform ≥1 ADL (Katz Index) | Baseline, 4, 12 months* Depressive symptoms (PHQ-9 and GDS)
* Service use (physician visits, home health visits, primary care visits, emergency department visits, long-term care visits, hospital days)
 | Integrated Geriatric Case Management reduces depression and service use |
| Ell 200728RCT, USAStepped care vs enhanced usual care | N = 311 (201 analysed at 4 months, 176 at 8 months, 159 at 12 months)78.1[[2]](#footnote-2) years [SD NR], Int 75%f, control 70%f | PHQ-9 score of ≥8 plus positive cardinal symptom. Baseline PHQ-9 scores: 8-9: 8% Int, 4% control; 10-14: 36% Int, 38% control; ≥ 15: 56% Int, 57% control. | Receiving home care services  | Baseline, 4, 8, 12 months* Depression: symptoms (PHQ-9), response (≥50% reduction in PHQ-9 score)
* Health-related QOL (SF-20 physical and mental health summary scores)
* Health services utilisation
 | Stepped care produced consistently better but not significantly different outcomes compared to control. |
| Llewellyn-Jones 199938,42RCT[[3]](#footnote-3), AustraliaMultifaceted shared care vs control | N = 220 (analysed 169)Int 84.9 (5.9) years, 83%f; control: 83.8 (5.7) years, 86%f  | GDS-30 score ≥ 10. Baseline mean (SD) GDS scores Int 13.5 (3.2), control 13.5 (3.4)  | Residing in hostels (assisted living) or self-care units (access to practical help) (care home residents excluded) | Baseline, 9.5 months* Depressive symptoms (GDS-30)
 | Modest but significant improvements in depression compared to control. |
| Nyunt 201033RCT, SingaporeCEPIS vs usual care | N = 274 (181 analysed)Int 73.5 (8.21) years, 58.8%f; control 73.5 (7.79) years, 52.7%f  | GDS-15 score 5-11. Baseline mean (SD) HAM-D-17 scores: Int: 9.8 (5.16) control 9.5 (5.53); GDS-15: Int 8.5 (2.37) control 7.7 (2.58); BDI: Int 16.1 (7.46) control 17.3 (8.18).  | Receiving social services, special needs services, residing in sheltered home facilities and nursing homes | Baseline, 3, 6, 12 months* Depression: symptoms (GDS-15, BDI, HAM-D-17), diagnosis category (SCID DSM-IV)
* ADL (Mahoney & Barthel scale, self- and proxy-report), IADL (Lawton scale, self- and proxy-report)
* QoL (SF-12)
* Service use
 | Collaborative care improved depressive symptoms, response and remission rate and mental functioning compared to usual care. No impact on functional status or health service use. |
| **Other** |
| Landreville 199740RCT (subgroup analysis of people with disability), CanadaBibliotherapy vs delayed treatment | N = 23 (12 analysed)Int 71.80 (6.65) years, 90%f; control 72.15 (7.05) years, 75%f | GDS score ≥ 11. Baseline mean GDS scores 18.83, IDD 31.83, BDI 19.66[SDs not reported] | ≥1 ADL, IADL or mobility disability (FAMS[[4]](#footnote-4)) | Baseline, 4 weeks, 6 months * Depression: diagnosis (IDD), symptoms (IDD, GDS-30, BDI), clinically significant improvement (GDS-30 =<10, BDI ≤11)
* Functional abilities (FAMS) (self- and significant other-reported)
 | Cognitive bibliotherapy reduces depressive symptoms but not disability in depressed older adults with a disability**.** |
| Serrano 200431RCT, SpainLife review vs control | N = 50 (43 analysed) Int 75.8 (8.1) years, 82.6%f; control 78.4 (7.3) years, 70%f | ≥ 16 on GDS. Baseline mean (SD) CES-D-20 scores Int 30.7 (6.76), control 27.61 (6.29) | Receiving social services for ≥1 hr per day, 5 days a week | Baseline, 8 weeks* Depression (CES-D, Spanish)
* Life satisfaction (Life Satisfaction Index A, Spanish)
 | Reduced depressive symptoms and increased life satisfaction compared to control.  |

**[[5]](#endnote-1)** BDI = Beck Depression Inventory, CANE = Camberwell Assessment of Need for the Elderly, CES-D = Centre for Epidemiological Studies of Depression Scale, DPDS = Depression Diagnostic Scale (part of SHORT-CARE), DSM IV = Diagnostic & Statistical Manual of Mental Disorders IV, FACT-G = Functional Assessment of Cancer Therapy Scale-General, FAMS = Functional Autonomy Measurement System, GDS = Geriatric Depression Scale, HAM-D = Hamilton Depression Scale, HC = home care, HSCL-20 = Hopkins Symptom Checklist Depression Scale, IADL = Instrumental Activities of Daily Living, IDD = Inventory to Diagnose Depression, Int = intervention, MADRS = Montgomery-Asberg Depression Rating Scale, MAI = Multilevel Assessment Instrument, OASIS = Outcomes and Assessment Information Set, PATH = Problem Adaptation Therapy, PEARLS = Program to Encourage Active, Rewarding Lives for Seniors, PHQ = Patient Health Questionnaire, PST = Problem Solving Therapy, QOL = quality of life, RCT = randomised controlled trial, SCID = Structured Clinical Interview for DSM Disorders, SD =Standard Deviation, SDS = Sheehan Disability Scale, SHORT-CARE = Short Comprehensive Assessment and Referral Evaluation, WHODAS = World Health Organisation Disability Assessment Schedule,

1. 1The figures in this table reflect a larger cohort of participants (N = 171); data emailed to YB by author [↑](#footnote-ref-1)
2. 2Note in published paper the mean (sd) baseline depression scores are reported as GDS for a smaller cohort (N = 153): 8.16 (2.7) (CC), 7.51 (2.9) (UC)

This is the mean age of all the 9,178 home health-care patients who were screened, mean age of final 311 not reported [↑](#footnote-ref-2)
3. Unusual design: participants randomised prior to eligibility assessment, control and intervention implemented serially for the entire residential care facility population. [↑](#footnote-ref-3)
4. Likely this measurement tool used as used throughout study but not clear which tool used for inclusion criteria [↑](#footnote-ref-4)
5. [↑](#endnote-ref-1)