

Appendix 1 to Pae C-U, Wang S-M, Han C, et al. Vortioxetine: a meta-analysis of 12 short-term, randomized, placebo-controlled clinical trials for the treatment of major depressive disorder. *J Psychiatry Neurosci* 2014.

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Table S1: Criteria for judgement of risk of bias*

Judgment	Criteria (any 1 or more of the following)
Low risk of bias	No missing outcome data Reasons for missing outcome data unlikely to be related to true outcome Missing outcome data balanced in numbers across intervention groups, with similar reasons for missing data across groups For dichotomous outcome data, the proportion of missing outcomes compared with observed event risk not enough to have a clinically relevant impact on the intervention effect estimate For continuous outcome data, plausible effect size among missing outcomes not enough to have a clinically relevant impact on observed effect size Missing data have been imputed using appropriate methods
High risk of bias	Reason for missing outcome data likely to be related to true outcome For dichotomous outcome data, the proportion of missing outcomes compared with observed event risk enough to induce clinically relevant bias in intervention effect estimate For continuous outcome data, plausible effect size among missing outcomes enough to induce clinically relevant bias in observed effect size Potentially inappropriate application of simple imputation
Unclear risk of bias	Insufficient reporting of attrition/exclusions to permit judgment of “low risk” or “high risk” (e.g. number randomized not stated, no reasons for missing data provided) The study did not address the outcome

*Modified from Cochrane review.

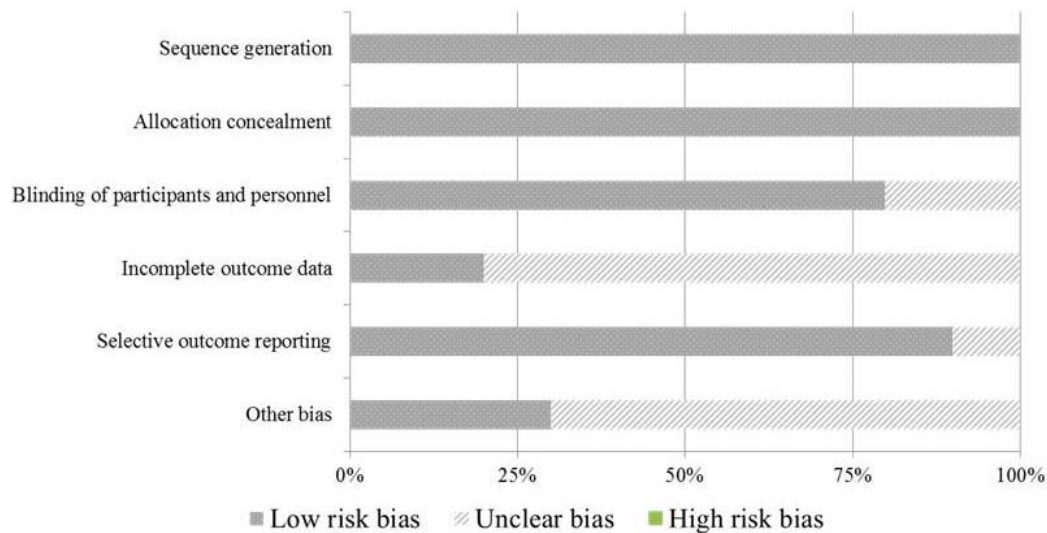


Fig. S1: Overall risk of bias of the studies included in our meta-analysis.

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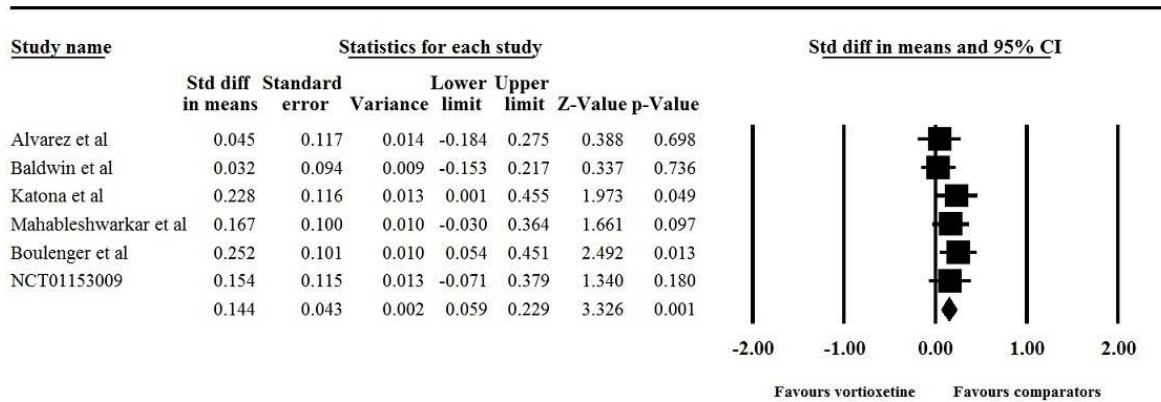


Fig. S2: Meta-analysis of the mean changes from baseline in the primary end point between vortioxetine and comparators (serotonin-norepinephrine reuptake inhibitors [SNRIs]).¹⁻⁶ CI = confidence interval.

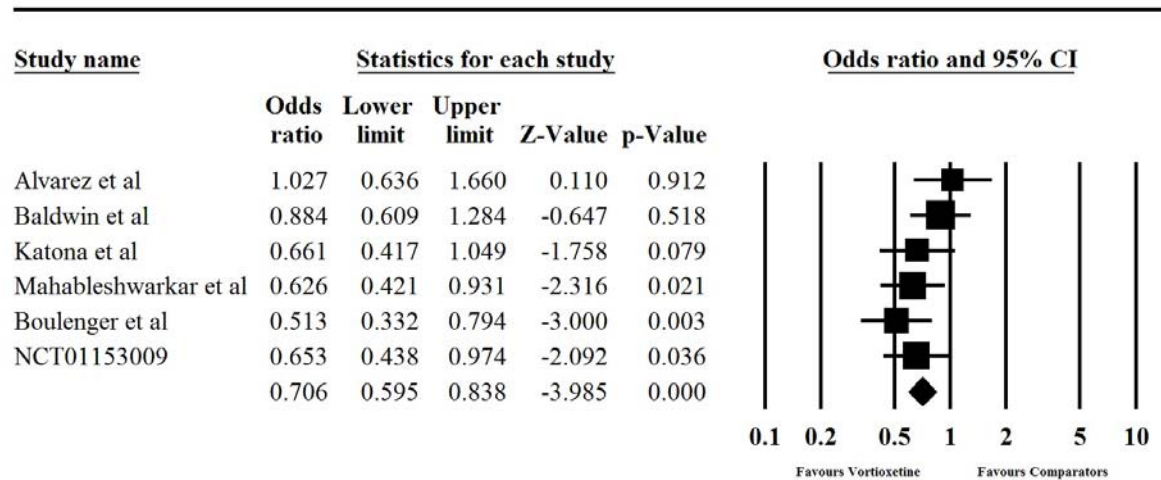


Fig. S3: Meta-analysis of the response rate in the secondary end point between vortioxetine and comparators (serotonin-norepinephrine reuptake inhibitors [SNRIs]).¹⁻⁶ CI = confidence interval.

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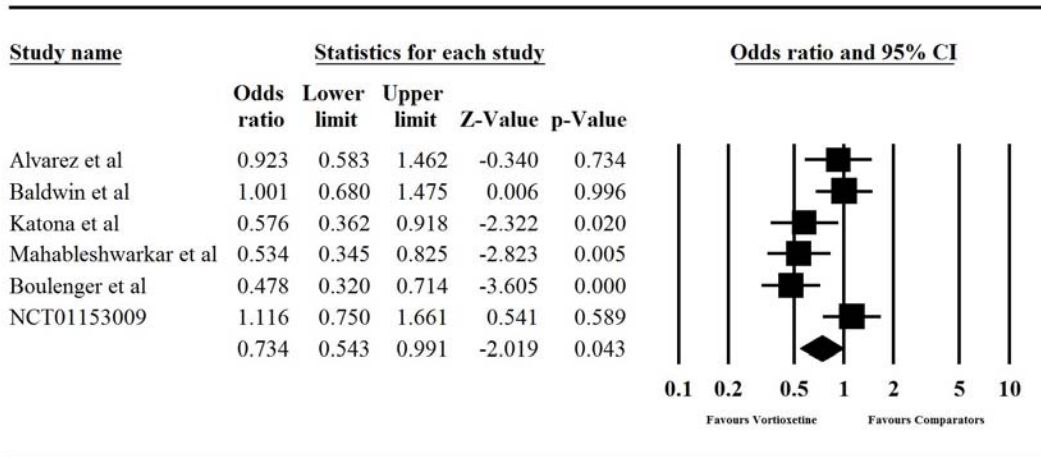


Fig. S4: Meta-analysis of the remission rate in the secondary end point between vortioxetine and comparators (serotonin-norepinephrine reuptake inhibitors [SNRIs]).¹⁻⁶ CI = confidence interval.

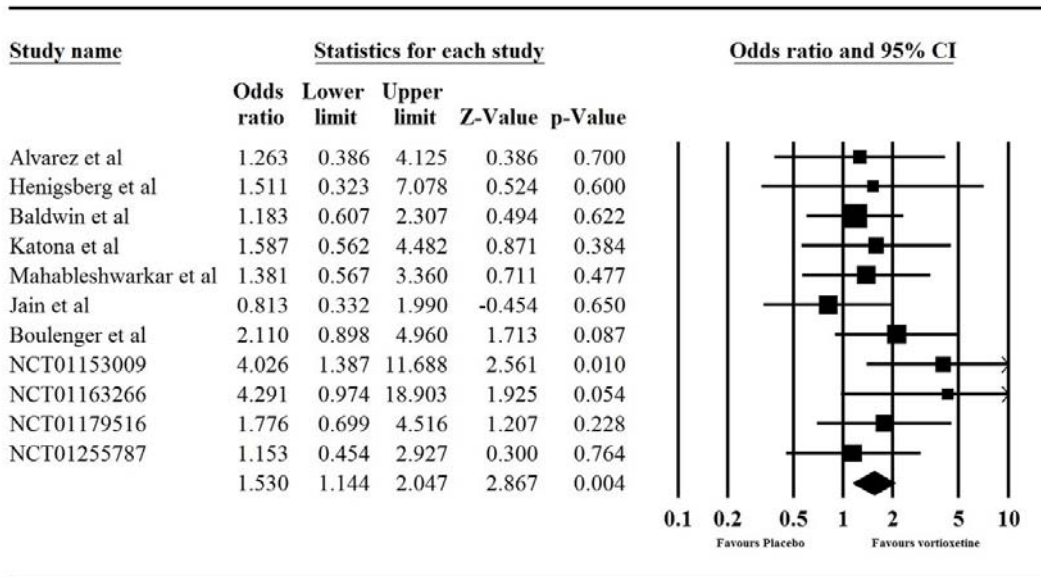


Fig. S5: Meta-analysis of the discontinuation rate owing to adverse events between vortioxetine and placebo.¹⁻¹¹ CI = confidence interval.

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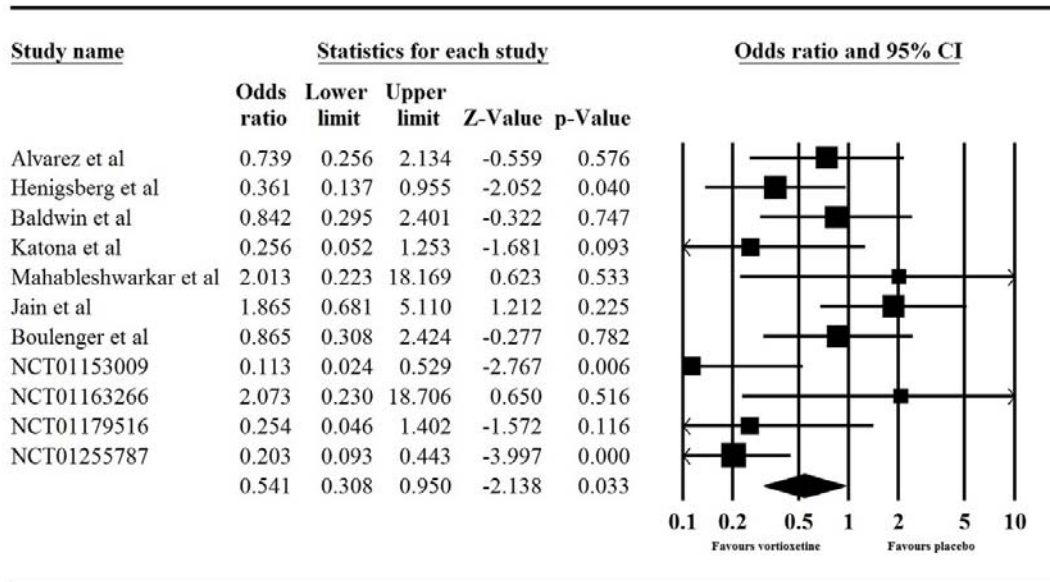


Fig. S6: Meta-analysis of the discontinuation rate owing to lack of efficacy between vortioxetine and placebo.¹⁻¹¹ CI = confidence interval.

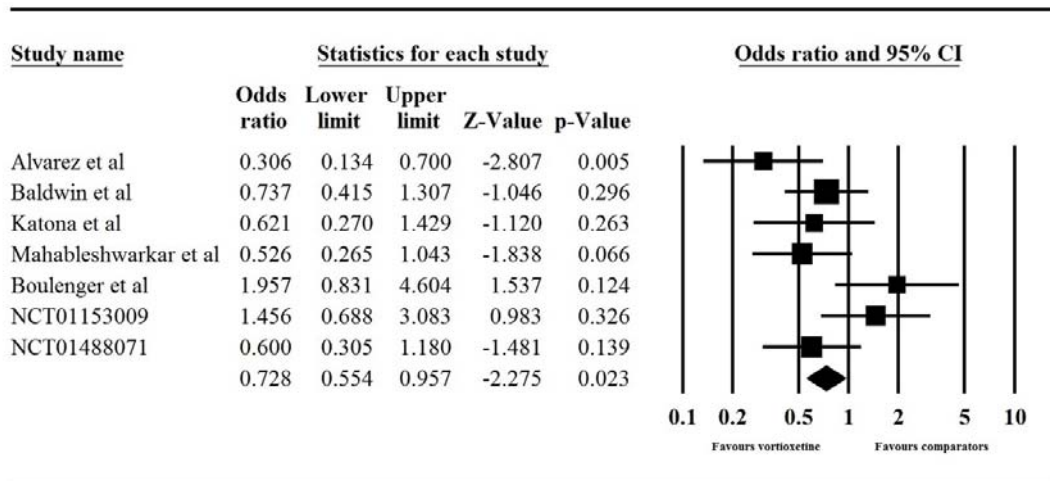


Fig. S7: Meta-analysis of the discontinuation rate owing to adverse events between vortioxetine and comparators.^{1-6,12} CI = confidence interval.

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