THERAPY WORKSHEET: page 1 of 3

Clinical Question: In adolescent boys with a family history of depression (population), does fluoxetine (intervention) compared with (?continuing outpatient review – comparison intervention can be discussed) improve the severity of depression (outcome)?

I Are the results of this individual study valid?	
1. Was the assignment of patients to treatment randomised? And was the randomisation list concealed?	**Assignment was by a table of random numbers (stratified by age above and below 12 yr. and sex).** **Punctuation in the paper is ambiguous (p1032 col 2). Looks like pharmacy randomised the patients and the clinicians remained blind to treatment assignment.**
2. Was follow-up of patients sufficiently long and complete?	**Follow up for 8 weeks. Insufficient for complete remission of symptoms in most patients.**
3. Were all patients analysed in the groups to which they were randomised?	**Yes.** **Primary outcome was an improvement in CGI of 1 or 2 at exit to the study.** **Note: Not all patients completed the 8 weeks of treatment. 22 dropped out of the placebo group compared with 14 in the treatment group. An ITT of this outcome (improvement at 8 weeks) would therefore have to make assumptions about what happened to the dropouts (improved/not improved).**
4. Were patients and clinicians kept "blind" to treatment?	**Described as double blind. If placebo was identical to treatment then patients and clinicians should be blind to allocation.**
5. Were the groups treated equally, apart from the experimental therapy?	**Yes – as a placebo controlled study**
6. Were the groups similar at the start of the trial?	**Broadly yes. Only statistically significant difference was greater incidence of lifetime co-morbid anxiety in the fluoxetine group. This may reduce the chance of improvement in the treatment group.**

II Are the valid results of this individual trial important?	
1. What is the magnitude of the treatment effect?	**1) Improvement in Clinical Global Impressions Scale (CGI) of 1 or 2 points at exit to the study.** **Fluoxetine gp. 56% (27/48)** **Placebo gp. 33% (16/48)** **Relative risk = 1.69** **ARR=23%. NNT=4** **2) Minimal symptoms at exit to the study Children's Depression Rating Scale (CDRS) \< 28.** **Fluoxtine gp. 31% (15/48)** **Placebo gp. 23% (11/48)** **ARR=8%. NNT=12** **3) Note that for CGI = 1+ at end of 8 weeks** **fluoxetine = 25/34** **placebo = 15/26** **4) survival curve takes account of dropouts see fig 1.** **5) can discuss use of continuous measures – weekly CDSR score – what is clinical significance of difference 39.8 – 46.8 at week 5?**
2. How precise is this estimate of treatment effect?	**CGI. ARR=23% (95% C.I. 4 - 42%)** **CDRS. ARR=8% (95% C.I. –10 – 18%)**