

Appendix

eTable 1. Selected characteristics of included studies

Studies	Country	N included	Age, mean (SD)	Sex (percentage female)	Main eligibility criteria	Baseline severity in PHQ-9, mean (SD)	Treatments	Duration (weeks)
Buntrock et al (2015) (1)	Germany, community	406	45.1 (11.9)	73.9%	CES-D \geq 16 but not MDD according to SCID	11.2 (3.9), converted from CES-D	iCBT vs CAU	6
Gilbody et al (2017) (2)	UK, primary care	454	40.8 (13.8)	64.5%	PHQ-9 \geq 10	16.4 (4.0)	guided iCBT vs unguided iCBT	16
Kessler et al (2009) (3)	UK, primary care	294	35.0 (11.6)	68.0%	MDD according to CIS-R and BDI \geq 14	20.7 (3.6), converted from BDI-II	online CBT vs WL	16
Kivi et al (2014) (4)	Sweden, primary care	88	35.8 (11.7)	69.5%	MDD according to MINI and MADRS-S $<$ 35	13.9 (4.6), converted from BDI-II	iCBT vs CAU	12
Kleiboer et al (2015) (5)	Netherlands, community	426	43.9 (13.8)	64.9%	CES-D \geq 16 and HADS anxiety subscale \geq 8	10.3 (4.3)	iPST with various support vs non-specific support vs WL	6
Montero-Marín et al (2016) (6)	Spain, primary care	297	42.9 (10.3)	75.7%	MDD according to MINI and BDI-II \geq 14	11.8 (2.9), converted from BDI-II	guided iCBT vs unguided iCBT vs CAU	12
Philips et al (2014) (7)	UK, workplace	492	42.7 (9.1)	55.1%	PHQ-9 \geq 10	14.9 (5.4)	iCBT vs information	6

BDI: Beck Depression Inventory, BDI-II, Beck Depression Inventory 2nd Version, CAU: Care as usual, CES-D: Center for Epidemiologic Studies Depression Scale, CIS-R: Clinical Interview Schedule Revised, HADS: Hospital Anxiety and Depression Scale, iCBT: internet cognitive-behavioral therapy, iPST: internet problem-solving therapy, MADRS: Montgomery Åsberg

Depression Rating Scale – self rating version, MDD: Major depressive disorder, MINI: MINI-International Neuropsychiatric Interview, PHQ-9: Patient Health Questionnaire-9, WL: Waiting list

REFERENCES

1. Buntrock C, Ebert D, Lehr D, Riper H, Smit F, Cuijpers P, et al. Effectiveness of a web-based cognitive behavioural intervention for subthreshold depression: pragmatic randomised controlled trial. *Psychother Psychosom*. 2015; 84(6): 348-58.
2. Gilbody S, Brabyn S, Lovell K, Kessler D, Devlin T, Smith L, et al. Telephone-supported computerised cognitive-behavioural therapy: REEACT-2 large-scale pragmatic randomised controlled trial. *Br J Psychiatry*. 2017.
3. Kessler D, Lewis G, Kaur S, Wiles N, King M, Weich S, et al. Therapist-delivered internet psychotherapy for depression in primary care: a randomised controlled trial. *Lancet*. 2009; 374(9690): 628-34.
4. Kivi M, Eriksson MCM, Hange D, Petersson E-L, Vernmark K, Johansson B, et al. Internet-based therapy for mild to moderate depression in Swedish primary care: Short term results from the PRIM-NET randomized controlled trial. *Cogn Behav Ther*. 2014; 43(4): 289-98.
5. Kleiboer A, Donker T, Seekles W, van Straten A, Riper H, Cuijpers P. A randomized controlled trial on the role of support in Internet-based problem solving therapy for depression and anxiety. *Behav Res Ther*. 2015; 72: 63-71.
6. Montero-Marin J, Araya R, Perez-Yus MC, Mayoral F, Gili M, Botella C, et al. An Internet-Based Intervention for Depression in Primary Care in Spain: A Randomized Controlled Trial. *J Med Internet Res*. 2016; 18(8): e231.
7. Phillips R, Schneider J, Molosankwe I, Leese M, Foroushani PS, Grime P, et al. Randomized controlled trial of computerized cognitive behavioural therapy for depressive symptoms: effectiveness and costs of a workplace intervention. *Psychol Med*. 2014; 44(4): 741-52.

eFigure 1. PHQ-9 and EQ-5D total scores at baseline and endpoint excluding studies that used converted PHQ-9 scores

