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Supplementary Methods A. Complete search strategies

Ovid Medline All

- 1 HADS*.af.
- 2 "Hospital Anxiety and Depression".af.
- 3 "Hospital Depression Scale".af.
- 4 "Hospital Anxiety Scale".af.
- 5 or/1-4
- 6 Mass Screening/
- 7 Psychiatric Status Rating Scales/
- 8 "Predictive Value of Tests"/
- 9 "Reproducibility of Results"/
- 10 exp "Sensitivity and Specificity"/
- 11 Psychometrics/
- 12 Prevalence/
- 13 Reference Values/
- 14 Reference Standards/
- 15 exp Diagnostic Errors/
- 16 validation studies.pt.
- 17 comparative study.pt.
- 18 screen*.af.
- 19 prevalence.af.
- 20 predictive value*.af.
- 21 detect*.ti.
- 22 sensitiv*.ti.
- 23 valid*.ti.
- 24 revalid*.ti.
- 25 predict*.ti.
- 26 accur*.ti.
- 27 psychometric*.ti.
- 28 identif*.ti.
- 29 specificit*.ab.
- 30 cut?off*.ab.
- 31 cut* score*.ab.
- 32 cut?point*.ab.
- 33 threshold score*.ab.
- 34 reference standard*.ab.
- 35 reference test*.ab.

36 index test*.ab.
37 gold standard.ab.
38 Mental disorders/di, pc
39 Mood disorders/di, pc
40 depressive disorder/di, pc
41 depressive disorder, major/di, pc
42 depression, postpartum/di, pc
43 depression/di, pc
6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22
44 or 23 or 24 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38
or 39 or 40 or 41 or 42 or 43
45 5 and 44

PsycInfo (Ovid)

1 HADS*.af.
2 "Hospital Anxiety and Depression".af.
3 "Hospital Depression Scale".af.
4 "Hospital Anxiety Scale".af.
5 or/1-4
6 Diagnosis/
7 Medical Diagnosis/
8 Psychodiagnosis/
9 Misdiagnosis/
10 Screening/
11 Health Screening/
12 Screening Tests/
13 Prediction/
14 Cutting Scores/
15 Psychometrics/
16 Test Validity/
17 screen*.af.
18 predictive value*.af.
19 detect*.ti.
20 sensitiv*.ti.
21 valid*.ti.
22 revalid*.ti.
23 accura*.ti.
24 psychometric*.ti.
25 specificit*.ab.

- 26 cut?off*.ab.
- 27 cut* score*.ab.
- 28 cut?point*.ab.
- 29 threshold score*.ab.
- 30 reference standard*.ab.
- 31 reference test*.ab.
- 32 index test*.ab.
- 33 gold standard.ab.
- 34 or/6-33
- 35 5 and 34

Web of Science Databases=SCI-EXPANDED, SSCI, A&HCI

#1. TS=(HADS* OR "Hospital Anxiety and Depression" OR "Hospital anxiety scale" OR "Hospital depression scale")

#2. TS=(screen* OR prevalence OR "predictive value*" OR detect* OR sensitiv* OR valid* OR revalid* OR predict* OR accura* OR psychometric* OR identif* OR specificit* OR cutoff* OR "cut off*" OR "cut* score*" OR cutpoint* OR "cut point*" OR "threshold score*" OR "reference standard*" OR "reference test*" OR "index test*" OR "gold standard" OR "reliab*")

#2 AND #1

Supplementary Methods B. QUADAS-2 Coding manual for primary studies included in the present study

Domain 1: Participant Selection

1. **Signalling question 1 – Was a consecutive or random sample of patients enrolled?:** Code as “yes” if a consecutive or random sample of participants were recruited for the study and the percentage of eligible participants who participate is $\geq 75\%$. If the study indicates that consecutive or random participants were recruited, but does not give an indication of the total number of eligible participants and how many agreed to participate in the study, this should be rated “unclear”. If the percentage of eligible participants included in the study was between $\geq 50\%$ and $< 75\%$, then this should also be marked as “unclear”. If a very low rate of eligible participants ($< 50\%$) were included in the study, this should be coded “no.” In “Notes”, please provide the relevant numbers and percentages used to make a determination. If a convenience sample of participants was recruited for the study or if the study was a case-control design, code as “no”.
2. **Signalling question 2 – Was a case-control design avoided?:** Code as “yes” if the study did not employ a case-control design. Code as “no” if the study used a case-control design.
3. **Signalling question 3 – Did the study avoid inappropriate exclusions?:** Inappropriate exclusions refer to situations where an important part of the screening population was excluded from the study based on characteristics that could be related to screening results. Code as “yes” if the study does not inappropriately exclude participants. Code as “no” if the study inappropriately excludes participants.
4. **Overall risk of bias:** Rate as “low”, “High”, or “unclear” as described in QUADAS-2. Please indicate factors in decision in “Notes”. NOTE: if signalling question 1 was coded “Unclear” the overall risk of bias is either a) Unclear, in cases where the denominator is not specified, or the percentage cannot be calculated, or method of participant selection is unclear OR b) Low, in cases where the percentage can be calculated, and is between 50-75%. If signalling question 1 is a “no” and signalling questions 2 and 3 are both “yes” then the risk of bias is coded “Unclear”.
5. **Applicability concerns:** Code as “low” if study excluded participants who were already diagnosed or treated for depression or if the study included these patients, but they can be excluded using the individual patient data. Also code as “low” if the study did not exclude participants already diagnosed with depression and the overall percentage of these participants is low (e.g., $\leq 2.0\%$ of total participants), even if there is not a variable to exclude them. Code “unclear” if the study did not exclude participants already diagnosed or treated for depression and it is not known how many diagnosed and treated patients were included or if the percentage is moderate (e.g., $> 2.0\%$ but $\leq 5.0\%$). Code “High” if already diagnosed and treated patients are included and make up $> 5.0\%$ of the total sample and there is not a variable to exclude them. Please see aggregated study information sheet to code this.

Domain 2: Index Test

1. **Signalling question 1 - Were the index test results interpreted without the knowledge of the results of the reference standard?:** Code this item as “N/A” for all studies, as the index test is scored and does not require interpretation.
2. **Signalling question 2 - If a threshold was used, was it pre-specified?:** Code this item as “N/A” for all studies, as individual participant data allows for testing at all thresholds/cut-offs.
3. **Overall risk of bias:** Rate this item as “low” for all studies since the interpretation of the index test is fully automated in scoring self-report depressive symptom questionnaires and the individual participant data allows for testing at all thresholds/cut-offs.

4. **Applicability concerns:** Code “low” if the standard language version of the index test was used or if a translated version was used with an appropriate translation and back-translation process, or a translated version is located online. Code “unclear” if a translated version was used and it is not clear what steps were taken to ensure the quality of the translation or if only forward translation was used.

Domain 3: Reference Standard

1. **Signalling question 1 – Is the reference standard likely to correctly classify the condition?:** This question will be coded as “yes” for all studies because the use of a validated semi- or fully-structured psychiatric interview to assess participants for a DSM or ICD diagnosis of MDD/MDE is an eligibility requirement.
2. **Signalling question 2 – Were the reference standard results interpreted without knowledge of the results of the index test?:** Code as “yes” if the person administering the diagnostic interview was blinded to the participant’s score on the index test, or if the diagnostic interview was administered before the index test. Code as “no” if the person administering the diagnostic interview was not blinded or was aware of the participant’s score on the index test. Code as “unclear” if the study does not indicate whether blinding occurred and we cannot ascertain whether blinding occurred.
3. **Study-specific Signalling question 3 – Did a qualified person administer the reference standard?:** Specific clinical training is required. For semi-structured interviews, this will be coded “yes” if a trained mental health diagnostician administered the clinical interview (e.g., psychiatrist, psychologist, clinician, social worker, general practitioner, psychiatric nurse) or if non-clinicians who have comprehensive diagnostic experience and documented adequate training administered the clinical interview (e.g. trained doctoral student, research assistant, nurse, nurse practitioner, advanced practice nurse). Code “no” if individuals without the required training administered the reference standard (e.g., student, research assistant, nurse without documented extensive training necessary). Code “unclear” if the characteristics of personnel who administered the diagnostic interview cannot be ascertained or if a vague description of training is provided (e.g., trained research assistants with no additional information). If the name of the interviewer is provided in the article, but no credentials are listed, then code based on credentials retrieved online for the interviewer.

Fully structured: CIDI, DIS, CIS-R

Semi-structured: SCID, SCAN, DISH, CIS

MINI

4. **Overall risk of bias:** The coding of this item should consider blinding of the person administering the diagnostic interview to the participant’s score on the index test and the qualifications of individuals administering the reference standard interview.
5. **Applicability concerns:** This item will be coded as “low” for most standard language studies, since the use of a validated semi- or fully structured psychiatric interview to assess participants for a DSM or ICD diagnosis of MDD/MDE is an eligibility requirement. For translated versions of a validated reference standard, code “low” if a translated version was used with an appropriate translation and back-translation process, or a translated version is located online. Code “unclear” if a translated version was used and it is not clear what steps were taken to ensure the quality of the translation or if only forward translation was used.

Domain 4: Flow and Timing

1. **Signalling question 1 – Was there an appropriate interval between index test and reference standard?:** Only patient data with two weeks or less between the index test and reference standard are included. Thus, code “yes” if index test and reference standard were administered within a week of each other. Code “unclear” if the period was greater than one week (but less than two weeks) or if the timing cannot be ascertained beyond knowing that it was < 2 weeks. Note that this item may be coded differently for different patients from the same study. Please see aggregated study information sheet to code this.

2. **Signalling question 2 – Did all patients receive a reference standard?:** This will typically be coded “yes”. If a portion of positive and negative screens receive the reference standard, and the patients selected were chosen randomly, code “yes”. If non-random selection based on clinical factors or the index test determined whether or not patients received a reference standard, then code “unclear” or “no”. An example of all patients not receiving a reference standard would occur, for instance, if patients who endorsed suicidality on the index test were referred for evaluation and did not receive the reference standard interview.
3. **Signalling question 3 – Did all patients receive the same reference standard?:** This question will typically be coded as “yes” for all studies, since the reference standard is almost always consistent within each study.
4. **Signalling question 4 – Were all patients included in the analysis?:** When coding for this question, compare the number of participants who received the index test to the number of participants who received the reference standard. Code as “yes” if at least 90% of participants who received the index test also received the reference standard, or vice versa, and were included in analyses. Code as “unclear” if this difference is $\geq 80\%$, but $< 90\%$ or if it cannot be determined. Code as “no” if it is $< 80\%$. If the study used randomly selected patients for either the index test or the reference standard, do not count the participants who did not receive the reference standard for that reason as missing. In “Notes”, please provide the relevant numbers and percentages used to make a determination.
5. **Overall risk of bias:** Rate as “low”, “High”, or “unclear” risk of bias. Given that questions 2 and 3 will typically be coded as "yes", use the following rules to code the overall risk of bias:

SQ1 = UNCLEAR and SQ4 = YES: code as UNCLEAR risk of bias

SQ1 = UNCLEAR and SQ4 = UNCLEAR: code as UNCLEAR risk of bias

SQ1 = UNCLEAR and SQ4 = NO: code as HIGH risk of bias if the % in SQ4 is $< 50\%$ and code as UNCLEAR risk of bias if the % in SQ4 is $\geq 50\%$

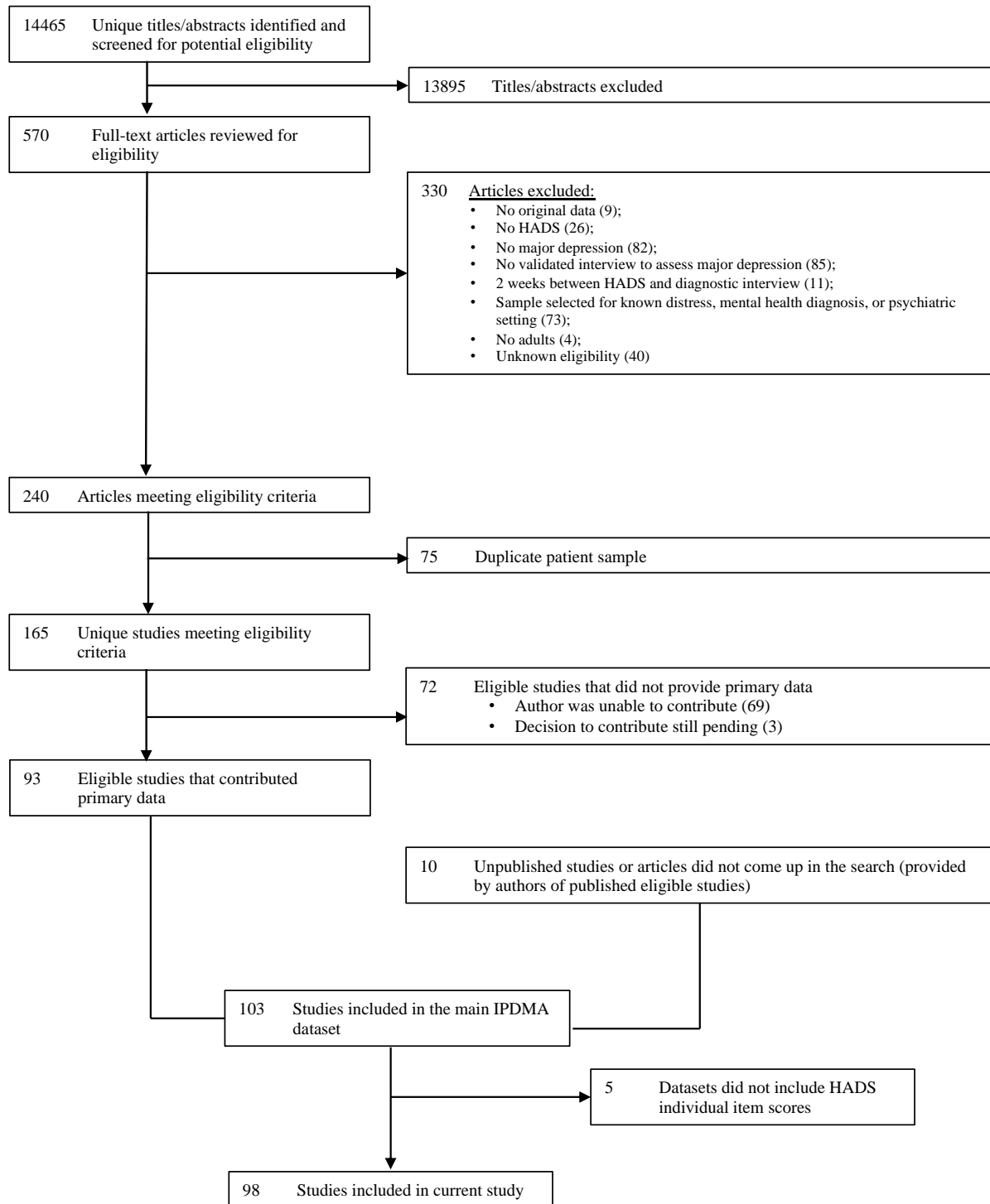
SQ1 = YES and SQ4 = UNCLEAR: code as UNCLEAR risk of bias

SQ1 = YES and SQ4 = YES: code as LOW risk of bias

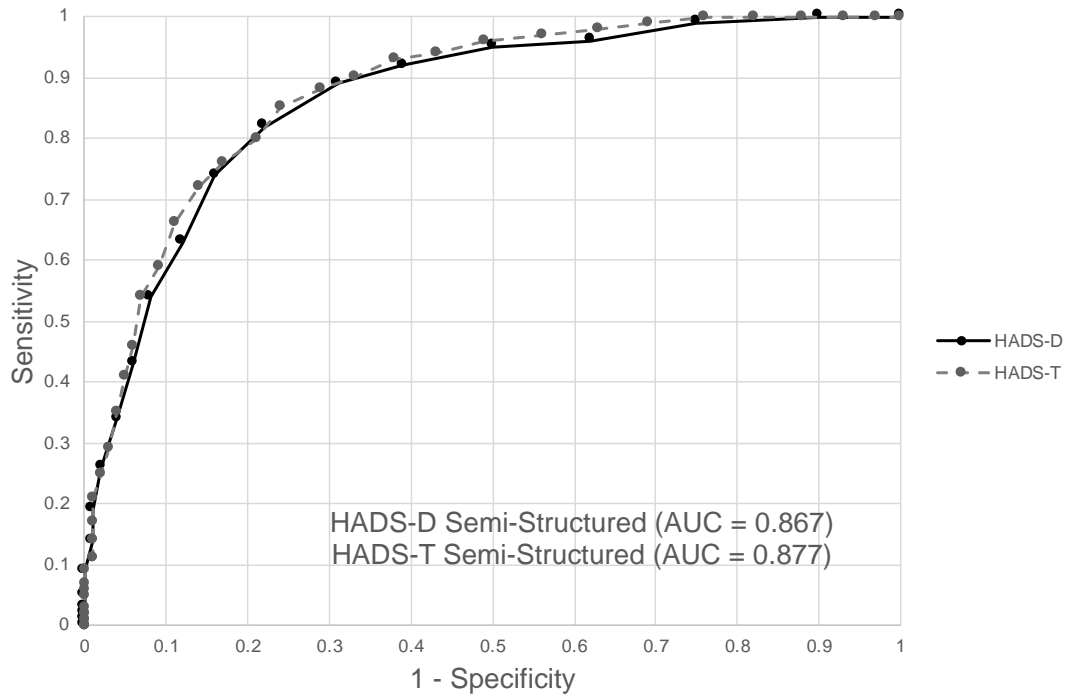
SQ1 = YES and SQ4 = NO: code as HIGH risk of bias if the % in SQ4 is $< 50\%$ and code as UNCLEAR risk of bias if the % in SQ4 is $\geq 50\%$

Note: If “IPD” was selected for signalling question 1, and the overall risk of bias rating depends on the individual patient rating in signalling question 1, then rate as “IPD” and indicate which participants should receive which bias rating (for example, participants administered the reference standard within 1 week are rated as “low”, whereas those administered the reference standard within 1-2 weeks are rated as “unclear”).

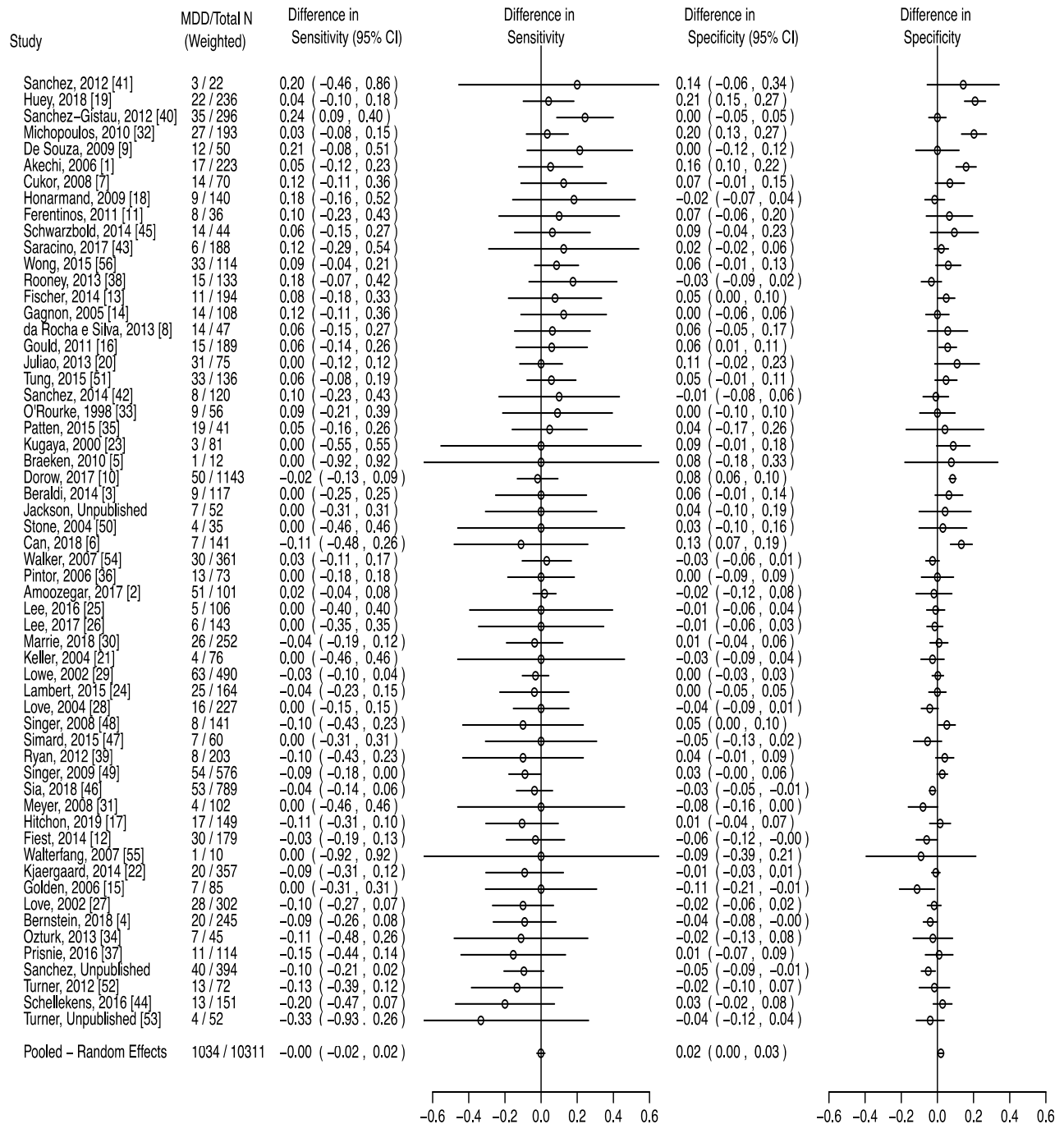
Please indicate factors in decision in “Notes”.



Supplementary Figure A. Flow diagram of study selection process



Supplementary Figure B. ROC curves for HADS-D and HADS-T among studies that used a semi-structured reference standard.



Supplementary Figure C. Forest plot of the difference in sensitivity and specificity estimates at the optimal cutoff (HADS-D: ≥ 7 ; HADS-T: ≥ 15) among studies that used a semi-structured reference standard ^a (N Studies = 58^b; N Participants = 10,311; N major depression = 1,034)^c;

^a τ^2 for the difference of sensitivity and specificity were both < 0.001 .

^b The reference numbers refer to Supplementary Material References.

^c The studies were sorted by the sum of difference in sensitivity and difference in specificity in descending order.

Supplementary Table A. Reasons for exclusion for all articles excluded at full-text level (N = 330)

Reference	Reason for Exclusion
Abberger B, Haschke A, Tully PJ, Forkmann T, Berger J, Wirtz M, Bengel J, Baumeister H. Development and validation of parallel short forms PaSA-cardio for the assessment of general anxiety in cardiovascular rehabilitation patients using Rasch analysis. <i>Rasch analysis Clinical rehabilitation</i> . 2017;31:104.	No major depression
Abd Rashid R, Irnee WA, Ahmad Zahari M, Amer Nordin AS, Sulaiman AH, Robson N, Peters H, Said MA, Harun N, Rahim A, Habil H. Validity and reliability study of Hospital Anxiety Depression Scale (HADS) in heroin addicts population in Malaysia. <i>International Journal of Neuropsychopharmacology</i> . 2010;13:48.	Could not determine eligibility
Aben I, Lodder J, Honig A, Lousberg R, Boreas A, Verhey F. Focal or generalized vascular brain damage and vulnerability to depression after stroke: A 1-year prospective follow-up study. <i>International Psychogeriatrics</i> . 2006;18:19.	> 2 weeks between HADS and diagnostic interview
Aben I, Verhey F, Strik JJ, Lousberg R, Lodder J, Honig A. A comparative study into the one year cumulative incidence of depression after stroke and myocardial infarction. <i>Journal of Neurology, Neurosurgery & Psychiatry</i> . 2003;74:581.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Abiodun OA. A validity study of the Hospital Anxiety and Depression Scale in general hospital units and a community sample in Nigeria. <i>British Journal of Psychiatry</i> . 1994;165:669.	No validated interview to assess major depression
Affleck AG, Stewart AM. The Hospital Anxiety and Depression Scale is a screening measure of general distress. <i>British Journal of Dermatology</i> . 2018;179:544.	No original data
Akgul Ceyhun H, Kirpinar I. Psychiatric diagnoses in patients with renal transplantation or dialysis made due to end stage renal disease. <i>Anadolu Psikiyatri Dergisi-Anatolian Journal of Psychiatry</i> . 2019;20:426.	Could not determine eligibility
Akizuki N, Akechi T, Nakanishi T, Yoshikawa E, Okamura M, Nakano T, Murakami Y, Uchitomi Y. Development of a brief screening interview for adjustment disorders and major depression in patients with cancer. <i>Cancer</i> . 2003;97:2605.	No validated interview to assess major depression
Akizuki N, Yamawaki S, Akechi T, Nakano T, Uchitomi Y. Development of an Impact Thermometer for use in combination with the Distress Thermometer as a brief screening tool for adjustment disorders and/or major depression in cancer patients. <i>Journal of Pain & Symptom Management</i> . 2005;29:91.	No validated interview to assess major depression
Alamri Y. The Arabic Hospital Anxiety and Depression Scale. <i>Chronic Respiratory Disease</i> . 2017;14:100.	No major depression
Alexander S, Palmer C, Stone PC. Evaluation of screening instruments for depression and anxiety in breast cancer survivors. <i>Breast Cancer Research & Treatment</i> . 2010;122:573.	Could not determine eligibility
Aloba O, Ojeleye O, Aloba T. The psychometric characteristics of the 4-item Suicidal Behaviors Questionnaire-Revised (SBQ-R) as a screening tool in a non-clinical sample of Nigerian university students. <i>Asian Journal of Psychiatry</i> . 2017;26:46.	No major depression
Al-Salihy Z, Rahim T, Mitchell A, Mahmud M, Muhyaldin A. Which is the Optimal Depression Rating Scale for Psychiatrists? a Diagnostic Validity Comparison of Hospital Anxiety and Depression Scale(hads) and Psychiatric Judgement Against the Mini. <i>European Psychiatry</i> . 2011;26:#pages#.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Al-Salihy Z, Rahim TA, Mahmud MQ, Muhyaldin AS, Mitchell AJ. The diagnostic validity of depression scales and clinical judgement in the Kurdistan region of Iraq. <i>International Psychiatry</i> . 2012;9:96.	Sample selected for known distress, mental health diagnosis, or psychiatric setting

Ambler N, Rumsey N, Harcourt D, Khan F, Cawthorn F, Barker J. Specialist nurse counsellor interventions at the time of diagnosis of breast cancer: comparing 'advocacy' with a conventional approach. <i>Journal of advanced nursing</i> . 1999;29:445.	No major depression
Ambrocio GP, Santiagué J. Anxiety and Depression among Diagnosed Tb Patients Seen at the up-Pgh Using the Validated Filipino Version of the Hospital Anxiety Depression Score (HADS-P). <i>Respirology</i> . 2016;21:15.	No major depression
Anastasiadou D, Parks M, Brugnera A, Sepulveda AR, Graell M. Psychiatric comorbidity and maternal distress among adolescent eating disorder patients: a comparison with substance use disorder patients. <i>Eating Behaviors</i> . 2017;24:74.	No adults
Andersson G, Carlbring P, Kaldo V, Ström L. Screening of psychiatric disorders via the Internet. A pilot study with tinnitus patients. <i>Nordic Journal of Psychiatry</i> . 2004;58:287.	No validated interview to assess major depression
Andryshenko AV, Drobizhev MY, Dobrovolsky AV. A comparative validation of the scale CES-D, BDI, HADS(d) in diagnosis of depressive disorders in general medical practice. <i>Zhurnal Nevropatologii i Psikiatrii Imeni S S Korsakova</i> . 2003;103:11.	No validated interview to assess major depression
Arapaslan B, Soykan A, Soykan C, Kumbasar H. Cross-sectional assessment of psychiatric disorders in renal transplantation patients in Turkey: a preliminary study. <i>Transplantation proceedings</i> . 2004;36:1419.	> 2 weeks between HADS and diagnostic interview
Årestedt K, Israelsson J, Herlitz J, Bremer A. Psychometric properties of the Hospital Anxiety and Depression scale among patients surviving sudden cardiac arrest. <i>Resuscitation</i> . 2015;96:141.	No major depression
Arrieta O, Angulo LP, Nunez-Valencia C, Dorantes-Gallareta Y, Macedo EO, Martinez-Lopez D, Alvarado S, Corona-Cruz JF, Onate-Ocana LF. Association of depression and anxiety on quality of life, treatment adherence, and prognosis in patients with advanced non-small cell lung cancer. <i>Annals of Surgical Oncology</i> . 2013;20:1941.	Could not determine eligibility
Aslan S, Ersoy R, Kuruoglu AC, Karakoc A, Cakir N. Psychiatric symptoms and diagnoses in thyroid disorders: A cross-sectional study. <i>International Journal of Psychiatry in Clinical Practice</i> . 2005;9:187.	Could not determine eligibility
Atesci FC, Oguzhanoglu NK, Baltalarli B, Karadag F, Ozdel O, Karagoz N. Psychiatric disorders in cancer patients and associated factors. <i>Turk Psikiyatri Dergisi</i> . 2003;14:145.	Could not determine eligibility
Axford J, Butt A, Heron C, Hammond J, Morgan J, Alavi A, Bolton J, Bland M. Prevalence of anxiety and depression in osteoarthritis: use of the Hospital Anxiety and Depression Scale as a screening tool. <i>Clinical rheumatology</i> . 2010;29:1277.	No validated interview to assess major depression
Azad N, Gondal M, Abbas N. Frequency of depression and anxiety in patients attending a rheumatology clinic. <i>Jcpsp, Journal of the College of Physicians & Surgeons - Pakistan</i> . 2008;18:569.	No validated interview to assess major depression
Badru OA, Ogunlesi AO, Ogunwale A, Abdulmalik JO, Yusuf OB. Prevalence of generalized anxiety disorder and major depression among correctional officers in a Nigerian prison. <i>Journal of Forensic Psychiatry & Psychology</i> . 2018;29:509.	No HADS
Barczak P, Kane N, Andrews S, Congdon AM, Clay JC, Betts T. Patterns of psychiatric morbidity in a genito-urinary clinic. A validation of the Hospital Anxiety Depression scale (HAD). <i>British Journal of Psychiatry</i> . 1988;152:698.	Could not determine eligibility
Barker-Collo S, Jones A, Jones K, Theadom A, Dowell A, Starkey N, Feigin VL. Prevalence, natural course and predictors of depression 1 year following traumatic brain injury from a population-based study in New Zealand. <i>Brain Injury</i> . 2015;29:859.	No validated interview to assess major depression
Barreto FJN, Garcia FD, Prado PHT, Rocha PMB, Las Casas NS, Vallt FB, Correa H, Neves MCL. Childhood trauma and factors associated with depression among inpatients with cardiovascular disease. <i>World Journal of Psychiatry</i> . 2017;7:106.	No major depression
Batmaz S, Kocbiyik S, Yuncu OA. Cognitive reactivity in depressed outpatients: How different is severe depression?. <i>Journal of Rational-Emotive and Cognitive-Behavior Therapy</i> . 2017;35:173.	Sample selected for known distress, mental health diagnosis, or psychiatric setting

Batmaz S, Yuncu OA, Kocbiyik S. Assessing Negative Automatic Thoughts: Psychometric Properties of the Turkish Version of the Cognition Checklist. <i>Iranian Journal of Psychiatry & Behavioral Sciences</i> . 2015;9:e3444.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Been SK, Schade A, Bassant N, Kastelijns M, Pogany K, Verbon A. Anxiety, depression and treatment adherence among HIV-infected migrants. <i>AIDS Care</i> . 2019;31:979.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Bell G, Reinstein DZ, Rajiyah G, Rosser R. Psychiatric screening of admissions to an accident and emergency ward. <i>The British Journal of Psychiatry</i> . 1991;158:554.	No validated interview to assess major depression
Bener A, Ghuloum S, Abou-Saleh MT. Prevalence, symptom patterns and comorbidity of anxiety and depressive disorders in primary care in Qatar. <i>Social Psychiatry & Psychiatric Epidemiology</i> . 2012;47:439.	No validated interview to assess major depression
Benvenuti P, Ferrara M, Niccolai C, Valoriani V, Cox JL. The Edinburgh postnatal depression scale: validation for an Italian sample. <i>Journal of affective disorders</i> . 1999; 53:137.	No HADS
Berard RM, Boermeester F, Viljoen G. Depressive disorders in an out-patient oncology setting: prevalence, assessment, and management. <i>Psycho-oncology</i> . 1998;7:112.	No validated interview to assess major depression
Berard RM, Boermeester F. Psychiatric symptomatology in adolescents with cancer. <i>Pediatric Hematology & Oncology</i> . 1998;15:211.	No adults
Berg SK, Herning M, Svendsen JH, Christensen AV, Thygesen LC. The Screen-ICD trial. Screening for anxiety and cognitive therapy intervention for patients with implanted cardioverter defibrillator (ICD): a randomised controlled trial protocol. <i>BMJ Open</i> . 2016;6:e013186.	No original data
Bleichhardt G, Timmer B, Rief W. Predictors for short- and long-term outcome in patients with somatoform disorders after cognitive-behavioral therapy. <i>Zeitschrift fur Klinische Psychologie, Psychiatrie und Psychotherapie</i> . 2005;53:40.	No validated interview to assess major depression
Boath E, Cox J, Lewis M, Jones P, Pryce A. When the cradle falls: the treatment of postnatal depression in a psychiatric day hospital compared with routine primary care. <i>Journal of affective disorders</i> . 1999;53:143.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Bodlund O, Andersson SO, Mallon L. Effects of consulting psychiatrist in primary care. 1-year follow-up of diagnosing and treating anxiety and depression. <i>Scandinavian journal of primary health care</i> . 1999;17:153.	No validated interview to assess major depression
Bodlund O. Anxiety and depression as a hidden problem in primary health care. Only one case in four identified. <i>Lakartidningen</i> . 1997;94:4612.	No major depression
Bokma WA, Batelaan NM, Beek AM, Boenink AD, Smit JH, van Balkom AJ. Feasibility and outcome of the implementation of a screening program for panic disorder in noncardiac chest pain patients in cardiac emergency department routine care. <i>General hospital psychiatry</i> . 2015;37:485.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Bosch M, McKenzie JE, Ponsford JL, Turner S, Chau M, Tavender EJ, Knott JC, Gruen RL, Francis JJ, Brennan SE, Pearce A, O'Connor D, Mortimer D, Grimshaw JM, Rosenfeld JV, Meares S, Smyth T, Michie S, Green SE. Evaluation of a targeted, theory-informed implementation intervention designed to increase uptake of emergency management recommendations regarding adult patients with mild traumatic brain injury: results of the NET cluster randomised trial. <i>Implementation Science</i> . 2019;14:4.	No major depression
Botega NJ, Bio MR, Zomignani MA, Garcia Jr C, Pereira WA. Mood disorders among inpatients in ambulatory and validation of the anxiety and depression scale HAD. <i>Revista de saude publica</i> . 1995;29:355.	No major depression
Botega NJ, de Azevedo RC, Mauro ML, Mitsuushi GN, Fanger PC, Lima DD, Gaspar KC, da Silva VF. Factors associated with suicide ideation among medically and surgically hospitalized patients. <i>General hospital psychiatry</i> . 2010;32:396.	No major depression

Botega NJ, Ponde MP, Medeiros P, Lima MG, Guerreiro CA. Validation of the Hospital Anxiety and Depression Scale in ambulatory epileptic patients. <i>Jornal brasileiro de psiquiatria</i> . 1998;47:285.	No validated interview to assess major depression
Brier MJ, Chambless DL, Lee L, Mao JJ. Development and validation of the Penn Arthralgia Aging Scale among breast cancer survivors. <i>Cancer</i> . 2015; 121:2808.	No major depression
Brown RG, Landau S, Hindle JV, Playfer J, Samuel M, Wilson KC, Hurt CS, Anderson RJ, Carnell J, Dickinson L, Gibson G. Depression and anxiety related subtypes in Parkinson's disease. <i>Journal of Neurology, Neurosurgery & Psychiatry</i> . 2011; 82:803.	No major depression
Buszewicz M, Cape J, Serfaty M, Shafran R, Kabir T, Tyrer P, Clarke CS, Nazareth I. Pilot of a randomised controlled trial of the selective serotonin reuptake inhibitor sertraline versus cognitive behavioural therapy for anxiety symptoms in people with generalised anxiety disorder who have failed to respond to low-intensity psychological treatments as defined by the National Institute for Health and Care Excellence guidelines. <i>Health technology assessment</i> . 2017;21:1.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Cabrera V, Martin-Aragon M, del Carmen Terol M, Nunez R, de los Angeles Pastor M. Hospital Anxiety and depression Scale (HADS) in fibromyalgia: Sensitivity and specificity analysis. <i>Terapia Psicologica</i> . 2015;33:181.	No major depression
Calleo J, Williams JR, Amspoker AB, Swearingen L, Hirsch ES, Anderson K, Goldstein SR, Grill S, Lehmann S, Little JT, Margolis RL, Palanci J, Pontone GM, Weiss H, Rabins P, Marsh L. Application of depression rating scales in patients with Parkinson's disease with and without co-occurring anxiety. <i>Journal of Parkinson's Disease</i> . 2013;3:603.	No HADS
Cardona-Castrillon GP, Isaza R, Zapata-Soto AP, Franco JG, Gonzalez-Berrio C, Tamayo-Diaz CP. The comorbidity of major depressive disorder, dysthymic disorder and anxiety disorders with migraine. <i>Revista de neurologia</i> . 2007;45:272.	No validated interview to assess major depression
Carson AJ, Postma K, Stone J, Warlow C, Sharpe M. The outcome of depressive disorders in neurology patients: a prospective cohort study. <i>Journal of Neurology Neurosurgery and Psychiatry</i> . 2003;74:893.	No validated interview to assess major depression
Castro AR, Siqueira SR, Perissinotti DM, Siqueira JT. Psychological evaluation and cope with trigeminal neuralgia and temporomandibular disorder. <i>Arquivos de Neuro-Psiquiatria</i> . 2008;66:716.	No major depression
Chan CM, Wan Ahmad WA, MD Yusof M, Ho GF, Krupat E. Effects of depression and anxiety on mortality in a mixed cancer group: a longitudinal approach using standardised diagnostic interviews. <i>Psycho-oncology</i> . 2015;24:718.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Chan CMH, Ng CG, Taib NA, Wee LH, Krupat E, Meyer F. Course and predictors of post-traumatic stress disorder in a cohort of psychologically distressed patients with cancer: A 4-year follow-up study. <i>Cancer</i> . 2018;124:406.	No major depression
Chan WC, Wong CS, Chen EY, Ng RM, Hung SF, Cheung EF, Sham PC, Chiu HF, Lam M, Chang WC, Lee EH, Chiang TP, Lau JT, van Os J, Lewis G, Bebbington P, Lam LC. Validation of the Chinese Version of the Revised Clinical Interview Schedule: Findings from Hong Kong Mental Morbidity Survey. <i>East Asian Archives of Psychiatry</i> . 2017;27:3.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Chaturvedi SK, Chandra PS, Channabasavanna SM, Beena MB. Detection of anxiety and depression in cancer patients. <i>NIMHANS Journal</i> . 1994;12:141.	No validated interview to assess major depression
Chérif L, Ayadi H, Boussaid N, Moalla Y, Rekik N, Ghribi F. Depression in adolescent suicide attempters: A cross-sectional comparative study. <i>Adolescent Psychiatry</i> . 2012;2:253.	No adults
Christodoulou C, Michopoulos J, Tournikioti K, Douzenis A, Bouras G, Seretis D, Kontaxakis V, Lykouras L. Hospital anxiety and depression scale. A quantitative analysis in medical outpatients, psychiatric outpatients and normal subjects. <i>Psychiatriki</i> . 2010;21:279.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Clark DA, Cook A, Snow D. Depressive symptom differences in hospitalized, medically ill, depressed psychiatric inpatients and nonmedical controls. <i>Journal of abnormal psychology</i> . 1998;107:38.	> 2 weeks between HADS and diagnostic interview

Clark DA, Steer RA. Use of nonsomatic symptoms to differentiate clinically depressed and nondepressed hospitalized patients with chronic medical illnesses. <i>Psychological reports</i> . 1994;75:1089.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Compen FR, Adang EM, Bisseling EM, Van der Lee ML, Speckens AE. Exploring associations between psychiatric disorder, psychological distress, and health care utilization in cancer patients. <i>Psycho-oncology</i> . 2018;27:871.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Coster LD, Leentjens AF, Lodder J, Verhey FR. The sensitivity of somatic symptoms in post-stroke depression: A discriminant analytic approach. <i>International journal of geriatric psychiatry</i> . 2005;20:358.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Creighton AS, Davison TE, Kissane DW. The psychometric properties, sensitivity and specificity of the geriatric anxiety inventory, hospital anxiety and depression scale, and rating anxiety in dementia scale in aged care residents. <i>Aging & Mental Health</i> . 2019;23:633.	No HADS
Cruzado JA, Garcia VM, Gutierrez VS, Sarceda JRJ, Olivero CAF, Martin EF, Calatayud-Gastardi J, Gomez-Martinez A, Hernando-Trancho F. Implementing a distress screening program in a thoracic surgery service. <i>Cirugia Espanola</i> . 2019;97:275.	No validated interview to assess major depression
Cull A, Gould A, House A, Smith A, Strong V, Velikova G, Wright P, Selby P. Validating automated screening for psychological distress by means of computer touchscreens for use in routine oncology practice. <i>British journal of cancer</i> . 2001;85:1842.	No validated interview to assess major depression
Davies KN, Burn WK, McKenzie FR, Brothwell JA, Wattis JP. Evaluation of the hospital anxiety and depression scale as a screening instrument in geriatric medical inpatients. <i>International journal of geriatric psychiatry</i> . 1993;8:165.	No validated interview to assess major depression
de Lemos Zingano B, Guarneri R, Diaz AP, Schwarzbald ML, Bicalho MA, Claudino LS, Markowitsch HJ, Wolf P, Lin K, Walz R. Validation of diagnostic tests for depressive disorder in drug-resistant mesial temporal lobe epilepsy. <i>Epilepsy & Behavior</i> . 2015;50:61.	No validated interview to assess major depression
de Manvan Ginkel JM, Gooskens F, Schepers VPM, Schuurmans MJ, Lindeman E, Hafsteinsdottir TB. Screening for poststroke depression using the Patient Health Questionnaire. <i>Nursing research</i> . 2012;61:333.	No HADS
de Waal MW, Arnold IA, Spinhoven P, Eekhof JA, Assendelft WJ, van Hemert AM. The role of comorbidity in the detection of psychiatric disorders with checklists for mental and physical symptoms in primary care. <i>Social Psychiatry & Psychiatric Epidemiology</i> . 2009;44:78.	> 2 weeks between HADS and diagnostic interview
Deshpande SS, Khatu SS, Pardeshi GS, Gokhale NR. Cross-sectional study of psychiatric morbidity in patients with melasma. <i>Indian journal of psychiatry</i> . 2018;60:324.	No validated interview to assess major depression
Dhital PS, Sharma K, Poudel P, Dhital PR. Anxiety and Depression among Patients with Coronary Artery Disease Attending at a Cardiac Center, Kathmandu, Nepal Nursing Research and Practice. 2018;2018:4181952.	No validated interview to assess major depression
Dickens CM, Percival C, McGowan L, Douglas J, Tomenson B, Cotter L, Heagerty A, Creed FH. The risk factors for depression in first myocardial infarction patients. <i>Psychological medicine</i> . 2004;34:1083.	No major depression
Diez-Quevedo C, Masnou H, Planas R, Castellvi P, Gimenez D, Morillas RM, Martin-Santos R, Navines R, Sola R, Giner P, Ardevol M, Costa J, Diago M, Pretel J. Prophylactic treatment with escitalopram of pegylated interferon alfa-2a-induced depression in hepatitis C: a 12-week, randomized, double-blind, placebo-controlled trial. <i>Journal of Clinical Psychiatry</i> . 2011;72:522.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Dikmen-Yildiz P, Ayers S, Phillips L. Screening for birth-related PTSD: psychometric properties of the Turkish version of the Posttraumatic Diagnostic Scale in postpartum women in Turkey. <i>European Journal of Psychotraumatology</i> . 2017;8:1306414.	No major depression
Dogar IA, Azeem MW, Kiran M, Hussain I, Mehmood K, Hina I. Depression and Anxiety in Cancer Patients in Outpatient Department of a Tertiary Care Hospital in Pakistan. <i>Pakistan Journal of Medical Sciences</i> . 2009;25:734.	No validated interview to assess major depression

Dogar IA, Khawaja IS, Azeem MW, Awan H, Ayub A, Iqbal J, Thuras P. Prevalence and risk factors for depression and anxiety in hospitalized cardiac patients in pakistan. <i>Psychiatry</i> . 2008;5:38.	No validated interview to assess major depression
Donker T, van Straten A, Marks I, Cuijpers P. Quick and easy self-rating of Generalized Anxiety Disorder: validity of the Dutch web-based GAD-7, GAD-2 and GAD-SI. <i>Psychiatry research</i> . 2011;188:58.	No HADS
Douglas N, Young A, Roebuck T, Ho S, Miller BR, Kee K, Dabscheck EJ, Naughton MT. Prevalence of depression in patients referred with snoring and obstructive sleep apnoea. <i>Internal Medicine Journal</i> . 2013;43:630.	No major depression
Dowell AC, Biran LA. Problems in using the hospital anxiety and depression scale for screening patients in general practice. <i>British Journal of General Practice</i> . 1990;40:27.	No major depression
Eijzenga W, Bleiker EM, Hahn DE, Kluijt I, Sidharta GN, Gundy C, Aaronson NK. Psychosocial Aspects of Hereditary Cancer (PAHC) questionnaire: development and testing of a screening questionnaire for use in clinical cancer genetics. <i>Psycho-oncology</i> . 2014;23:862.	No major depression
El-Rufaie OE, Absood GH, Abou-Saleh MT. The Primary Care Anxiety and Depression (PCAD) Scale: a culture-oriented screening scale. <i>Acta psychiatrica scandinavica</i> . 1997;95:119.	No HADS
el-Rufaie OE, Absood GH. Validity study of the Hospital Anxiety and Depression Scale among a group of Saudi patients. <i>British Journal of Psychiatry</i> . 1987;151:687.	No validated interview to assess major depression
el-Rufaie OE, Absood GH. Retesting the validity of the Arabic version of the Hospital Anxiety and Depression (HAD) scale in primary health care. <i>Social Psychiatry & Psychiatric Epidemiology</i> . 1995;30:26.	No validated interview to assess major depression
El-Rufaie OE, Absood GH. Validity study of the Self-Reporting Questionnaire (SRQ-20) in primary health care in the United Arab Emirates. <i>International Journal of Methods in Psychiatric Research</i> . 1994;4:45.	No HADS
Eriksen S, Bjorklof GH, Helvik AS, Larsen M, Engedal K. The validity of the hospital anxiety and depression scale and the geriatric depression scale-5 in home-dwelling old adults in Norway. <i>Journal of affective disorders</i> . 2019;256:380.	No validated interview to assess major depression
Erim Y, Beckmann M, Gerlach G, Kummel S, Oberhoff C, Senf W, Kimmig R. Screening for distress in women with breast cancer diagnosed for the first time: employment of HADS-D and PO-Bado. <i>Zeitschrift Fuer Psychosomatische Medizin und Psychotherapie</i> . 2009;55:248.	No validated interview to assess major depression
Espejo A, Goudie F, Turpin G. Hospital discharge into to nursing home care: psychological reactions and contributing factors. <i>Aging & Mental Health</i> . 1999;3:69.	No major depression
Esser P, Hartung TJ, Friedrich M, Hermann F, Koch U, Braehler E, Haerter M, Keller M, Schulz H, Wegscheider K, Weis J. Diagnostic accuracy of the HADS-A and GAD-7 as a screening tool for generalized anxiety disorder among cancer patients. <i>Psycho-oncology</i> . 2017;26:40.	No HADS
Esser P, Hartung TJ, Friedrich M, Johansen C, Wittchen HU, Faller H, Koch U, Härter M, Keller M, Schulz H, Wegscheider K, Weis J, Mehnert A. The Generalized Anxiety Disorder Screener (GAD-7) and the anxiety module of the Hospital and Depression Scale (HADS-A) as screening tools for generalized anxiety disorder among cancer patients. <i>Psycho-oncology</i> . 2018;27:1509.	No HADS
Fabi A, Falcicchio C, Giannarelli D, Maggi G, Cognetti F, Pugliese P. The course of cancer related fatigue up to ten years in early breast cancer patients: What impact in clinical practice?. <i>Breast</i> . 2017;34:44.	No major depression
Fadzil A, Balakrishnan K, Razali R, Sidi H, Malapan T, Japaraj RP, Midin M, Nik Jaafar NR, Das S, Manaf MR. Risk factors for depression and anxiety among pregnant women in Hospital Tuanku Bainun, Ipoh, Malaysia. <i>Asia-Pacific psychiatry : Official Journal of the Pacific Rim College of Psychiatrists</i> . 2013;5:7.	Sample selected for known distress, mental health diagnosis, or psychiatric setting

Fairbrother N, Janssen P, Antony MM, Tucker E, Young AH. Perinatal anxiety disorder prevalence and incidence. <i>Journal of affective disorders</i> . 2016;200:148.	No HADS
Faller H, Lippelt A, Nagele S, Klein CE. Emotional wellbeing, physical pain and doctor-patient relationship in patients hypersensitive to local anesthesia. Signs of somatization? A controlled cross-sectional study. <i>Zeitschrift Fur Klinische Psychologie Psychiatrie Und Psychotherapie</i> . 1999;47:316.	No major depression
Falope ZF, Deb S, Rickards EH, Powell TP, Njoboro P. Validity of the hospital anxiety and depression scale and Beck's depression inventory-II as screening tools for depression following acquired brain injury. <i>Journal of Neurology Neurosurgery and Psychiatry</i> . 2007;78:782.	No validated interview to assess major depression
Ferrari S, Signorelli MS, Cerrato F, Pingani L, Massimino M, Valente S, Forlani M, Bonasegla P, Arcidiacono E, De Ronchi D, Rigatelli M, Aguglia E, Atti AR. Never too late to be anxious: validation of the Geriatric Anxiety Inventory, Italian version. <i>Clinica Terapeutica</i> . 2017;168:e120.	No major depression
Filimonova IV. Features of the reaction of the sympathoadrenal system in patients with depressive disorder after myocardial revascularization. <i>Zaporozhye Medical Journal</i> . 2016;3:15	No major depression
Fliege H, Becker J, Walter OB, Rose M, Bjorner JB, Klapp BF. Evaluation of a computer-adaptive test for the assessment of depression (D-CAT) in clinical application. <i>International Journal of Methods in Psychiatric Research</i> . 2009;18:23.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Fraser SC, Smith K, Agarwal M, Bates T. Psychological screening for non-specific abdominal pain. <i>British Journal of Surgery</i> . 1992;79:1369.	No major depression
Frasure-Smith N, Lesperance F. Depression and anxiety as predictors of 2-year cardiac events in patients with stable coronary artery disease. <i>Archives of General Psychiatry</i> . 2008;65:62.	No HADS
Fujisawa D, Tanaka E, Sakamoto S, Neichi K, Nakagawa A, Ono Y. The development of a brief screening instrument for depression and suicidal ideation for elderly: the Depression and Suicide Screen. <i>Psychiatry & Clinical Neurosciences</i> . 2005;59:634.	No validated interview to assess major depression
Fulton . The prevalence and detection of psychiatric morbidity in patients with metastatic breast cancer. <i>European Journal of Cancer Care</i> . 1998;7:232.	No major depression
García-Campayo J, Caballero F, Perez M, López V. Pain related factors in newly diagnosed generalized anxiety disorder patients. <i>Actas Espanolas de Psiquiatria</i> . 2012;40:177.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Garcia-Campayo J, Caballero F, Perez M, López V. Prevalence and clinical features of newly diagnosed Generalized Anxiety Disorder patients in Spanish primary care settings: The GADAP study. <i>Actas Espanolas de Psiquiatria</i> . 2012;40:105.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Gaspar KC, Santos Jr AD, Azevedo R, Mauro ML, Botega NJ. Depression in general hospital inpatients: Challenges for consultation-liaison psychiatry. <i>Revista Brasileira de Psiquiatria</i> . 2011;33:305.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Gendre T, Carle G, Mesrati F, Hubsch C, Mauras T, Roze E, Houot M, Degos B, Garcin B. Quality of life in functional movement disorders is as altered as in organic movement disorders. <i>Journal of psychosomatic research</i> . 2019;116:10.	No major depression
Godard C, Chevalier A, Lecrubier Y, Lahon G. APRAND programme: An intervention to prevent relapses of anxiety and depressive disorders First results of a medical health promotion intervention in a population of employees. <i>European Psychiatry</i> . 2006;21:451.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
González-Ramírez LP, Martínez-Arriaga R, Camacho-Cárdenas E, Del Toro-Valero A, Ocegüera-Villanueva A, Zagamé L, Silva-García AA, Daneri-Navarro A. Evaluation of psychosocial aspects in participants of cancer genetic counseling. <i>Hereditary Cancer in Clinical Practice</i> . 2017;15:13.	No major depression

Gozzi SA, Wood AG, Chen J, Vaddadi K, Phan TG. Imaging predictors of poststroke depression: methodological factors in voxel-based analysis. <i>BMJ Open</i> . 2014;4:e004948.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Groos E, Chaumereuil C, Flamand M, Brion A, Bourdin H, Slimani V, Lecendreux M, Arnulf I. Emerging psychiatric disorders in Kleine-Levin syndrome. <i>Journal of sleep research</i> . 2018;27:1.	No validated interview to assess major depression
Haggarty J, Cernovsky Z, Kermeen P, Merskey H. Psychiatric disorders in an Arctic community. <i>Canadian Journal of Psychiatry - Revue Canadienne de Psychiatrie</i> . 2000;45:357.	No major depression
Hajduk A, Nowicka-Sauer K, Smoleńska Ż, Czuszyńska Z, Zdrojewski Z. Prevalence and correlates of suicidal thoughts in patients with neuropsychiatric lupus. <i>Lupus</i> . 2016;25:185.	No major depression
Hall A, A'hern R, Fallowfield L. Are we using appropriate self-report questionnaires for detecting anxiety and depression in women with early breast cancer?. <i>European journal of cancer</i> . 1999;35:79.	No major depression
Harcourt D, Rumsey N, Ambler N. Same-day diagnosis of symptomatic breast problems: Psychological impact and coping strategies. <i>Psychology, Health & Medicine</i> . 1999;4:57.	No major depression
Harris B, Othman S, Davies JA, Weppner GJ, Richards CJ, Newcombe RG, Lazarus JH, Parkes AB, Hall R, Phillips DI. Association between postpartum thyroid dysfunction and thyroid antibodies and depression. <i>BMJ</i> . 1992;305:152.	Could not determine eligibility
Harter M, Reuter K, Weisser B, Schretzmann B, Aschenbrenner A, Bengel J. A descriptive study of psychiatric disorders and psychosocial burden in rehabilitation patients with musculoskeletal diseases. <i>Archives of Physical Medicine & Rehabilitation</i> . 2002;83:461.	No major depression
Heaney LG, Conway E, Kelly C, Gamble J. Prevalence of psychiatric morbidity in a difficult asthma population: relationship to asthma outcome. <i>Respiratory medicine</i> . 2005;99:1152.	No validated interview to assess major depression
Henry M, Rosberger Z, Ianovski LE, Hier M, Zeitouni A, Kost K, Mlynarek A, Black M, MacDonald C, Richardson K, Zhang X, Fuhrmann F, Chartier G, Frenkiel S. A screening algorithm for early detection of major depressive disorder in head and neck cancer patients post-treatment: Longitudinal study. <i>Psycho-oncology</i> . 2018;27:1622.	> 2 weeks between HADS and diagnostic interview
Hermans H, Jelluma N, van der Pas FH, Evenhuis HM. Feasibility, reliability and validity of the Dutch translation of the Anxiety, Depression And Mood Scale in older adults with intellectual disabilities. <i>Research in developmental disabilities</i> . 2012;33:315.	No HADS
Herrero MJ, Blanch J, Peri JM, De Pablo J, Pintor L, Bulbena A. A validation study of the hospital anxiety and depression scale (HADS) in a Spanish population. <i>General hospital psychiatry</i> . 2003;25:277.	Could not determine eligibility
Herrmann C, Buss U. Description and validation of a German version of the Hospital Anxiety and Depression Scale (HADS): A questionnaire for identifying emotional disorders in physically ill patients. <i>Diagnostica</i> . 1994;40:143.	No major depression
Hoang H, Stenager E. The risk of depression and anxiety in the post-diagnostic period of multiple sclerosis measured by screening instruments and structured interviews. <i>European Psychiatry</i> . 2017;41:S236.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Holmes A, Hodgins G, Adey S, Menzel S, Danne P, Kossmann T, Judd F. Trial of interpersonal counselling after major physical trauma. <i>Australian and New Zealand Journal of Psychiatry</i> . 2007;41:926.	> 2 weeks between HADS and diagnostic interview
Holtmaat K, van der Spek N, Cuijpers P, Leemans CR, Verdonck-de Leeuw IM. Posttraumatic growth among head and neck cancer survivors with psychological distress. <i>Psycho-oncology</i> . 2017;26:96.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Honarmand K, Tierney MC, O'Connor P, Feinstein A. Effects of cannabis on cognitive function in patients with multiple sclerosis. <i>Neurology</i> . 2011;76:1153.	No major depression

Hopwood P, Howell A, Maguire P. Screening for psychiatric morbidity in patients with advanced breast cancer: validation of two self-report questionnaires. <i>British journal of cancer</i> . 1991;64:353.	Could not determine eligibility
Horsch A, McManus F, Kennedy P, Edge J. Anxiety, depressive, and posttraumatic stress symptoms in mothers of children with type 1 diabetes. <i>Journal of traumatic stress</i> . 2007;20:881.	No major depression
Hosseini SH, Rafiei A, Gaemian A, Tirgari A, Zakavi A, Yazdani J, Bolhari J, Golzari M, Esmaili Douki Z, Vaezzadeh N. Comparison of the Effects of Religious Cognitive Behavioral Therapy (RCBT), Cognitive Behavioral Therapy (CBT), and Sertraline on Depression and Anxiety in Patients after Coronary Artery Bypass Graft Surgery: Study Protocol for a Randomized Controlled Trial. <i>Iranian Journal of Psychiatry</i> . 2017;12:206.	No original data
Houston JP, Kroenke K, Faries DE, Doebbeling CC, Adler LA, Ahl J, Swindle R, Trzepacz PT. A provisional screening instrument for four common mental disorders in adult primary care patients. <i>Psychosomatics: Journal of Consultation and Liaison Psychiatry</i> . 2011;52:48.	No HADS
Hu H, Luan L, Yang KQ, Li SC. Psychological Distress In Chinese Patients With Rheumatoid Arthritis And Psychometric Validation Of Chinese Hospital Anxiety And Depression Scale. <i>Value in Health</i> . 2016;19:A917.	No major depression
Hung CI, Liu CY, Hsiao MC, Yu NW, Chu CL. Metabolic syndrome among psychiatric outpatients with mood and anxiety disorders. <i>BMC Psychiatry</i> . 2014;14:185.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Hung CI, Liu CY, Yang CH, Wang SJ. Headache: an important factor associated with muscle soreness/pain at the two-year follow-up point among patients with major depressive disorder. <i>Journal of Headache and Pain</i> . 2016;17:57.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Hung CI, Liu CY, Yang CH. Persistent depressive disorder has long-term negative impacts on depression, anxiety, and somatic symptoms at 10-year follow-up among patients with major depressive disorder. <i>Journal of affective disorders</i> . 2019;243:255.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Ibbotson T, Maguire P, Selby P, Priestman T, Wallace L. Screening for anxiety and depression in cancer patients: the effects of disease and treatment. <i>European journal of cancer</i> . 1994;30:37.	No major depression
Iceta S, Disse E, Gouillat C, Laville M, Saoud M, Robert M. Personality but not eating behavior is different in revisional bariatric surgery candidates. <i>Bariatric Surgical Practice and Patient Care</i> . 2016;11:183	No major depression
Jackson ML, Tolson J, Bartlett D, Berlowitz DJ, Varma P, Barnes M. Clinical depression in untreated obstructive sleep apnea: examining predictors and a meta-analysis of prevalence rates. <i>Sleep medicine</i> . 2019;62:22.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Jacq F, Fouldrin G, Savoure A, Anselme F, Baguelin-Pinaud A, Cribier A, Thibaut F. A comparison of anxiety, depression and quality of life between device shock and nonshock groups in implantable cardioverter defibrillator recipients. <i>General hospital psychiatry</i> . 2009;31:266.	No validated interview to assess major depression
Jakobsson Larsson B, Ozanne AG, Nordin K, Nygren I. A prospective study of quality of life in amyotrophic lateral sclerosis patients. <i>Acta Neurologica Scandinavica</i> . 2017;136:631.	No major depression
Jang B, Rim HD, Woo J. Reliability and Validity of the Korean Version of the Modified Adult Attachment Scale for the Use of Medically Ill Patients. <i>Psychiatry Investigation</i> . 2015;12:483.	No major depression
Jehn CF, Becker B, Flath B, Nogai H, Vuong L, Schmid P, Lüftner D. Neurocognitive function, brain-derived neurotrophic factor (BDNF) and IL-6 levels in cancer patients with depression. <i>Journal of neuroimmunology</i> . 2015;287:88.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Jeoffrion C, Hamard JP, Barre S, Boudoukha AH. Organizational Diagnosis and Prevention of Psychosocial Risks in a Care Centre for the Elderly: the Interest of a Mixed and Participative Methodology. <i>Le travail humain</i> . 2014;77:373.	No major depression

Johnson G, Burvill PW, Anderson CS, Jamrozik K, Stewart-Wynne EG, Chakera TM. A validation study of the Hospital Anxiety and Depression Scale (HADS) in different groups of Dutch subjects. <i>Psychological medicine</i> . 1997;27:363.	> 2 weeks between HADS and diagnostic interview
Johnson G, Burvill PW, Anderson CS, Jamrozik K, Stewart-Wynne EG, Chakera TM. Screening instruments for depression and anxiety following stroke: experience in the Perth community stroke study. <i>Acta Psychiatrica Scandinavica</i> . 1995;91:252.	> 2 weeks between HADS and diagnostic interview
Joling KJ, van Hout HP, Scheltens P, Vernooij-Dassen M, van den Berg B, Bosmans J, Gillissen F, Mittelman M, van Marwijk HW. (Cost)-effectiveness of family meetings on indicated prevention of anxiety and depressive symptoms and disorders of primary family caregivers of patients with dementia: design of a randomized controlled trial. <i>BMC Geriatrics</i> . 2008;8:2.	No original data
Joling KJ, van Marwijk HW, Veldhuijzen AE, van der Horst HE, Scheltens P, Smit F, van Hout HP. The two-year incidence of depression and anxiety disorders in spousal caregivers of persons with dementia: who is at the greatest risk?. <i>The American Journal of Geriatric Psychiatry</i> . 2015; 23:293.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Juang KD, Wang SJ, Lin CH, Fuh JL. Use of the hospital anxiety and depression scale as a screening tool for patients with headache. <i>Chung Hua i Hsueh Tsa Chih - Chinese Medical Journal</i> . 1999;62:749.	No validated interview to assess major depression
Karam GE, Khandakji MN, Sahakian NS, Dandan JC, Karam EG. Validation of geriatric depression and anxiety rating scales into Arabic. <i>Alzheimer's & Dementia</i> . 2018;10:791.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Karling P, Danielsson A, Adolfsson R, Norrback KF. No difference in symptoms of irritable bowel syndrome between healthy subjects and patients with recurrent depression in remission. <i>Neurogastroenterology & Motility</i> . 2007;19:896.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Karling P, Wikgren M, Adolfsson R, Norrback KF. Hypothalamus-Pituitary-Adrenal Axis Hypersuppression Is Associated with Gastrointestinal Symptoms in Major Depression. <i>Journal of neurogastroenterology and motility</i> . 2016;22:292.	No major depression
Kenardy J, Heron-Delaney M, Bellamy N, Sterling M, Connelly L. The University of Queensland study of physical and psychological outcomes for claimants with minor and moderate injuries following a road traffic crash (UQ SuPPORT): Design and methods. <i>European Journal of Psychotraumatology</i> . 2014; 5:22612.	No validated interview to assess major depression
Kenter RM, Cuijpers P, Beekman A, van Straten A. Effectiveness of a Web-Based Guided Self-help Intervention for Outpatients With a Depressive Disorder: Short-term Results From a Randomized Controlled Trial. <i>Journal of Medical Internet Research</i> . 2016;18:e80.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Khan MN, Alam S, Warris SH, Mujtaba M. Frequency of post-traumatic stress disorder and its association with types of physical injuries and depression in earthquake victims. <i>Pakistan Journal of Medical Sciences</i> . 2007;23:386.	No major depression
Kim SD, Kang HJ, Bae KY, Kim SW, Shin IS, Hong YJ, Ahn Y, Jeong MH, Yoon JS, Kim JM. Longitudinal impact of anxiety on depressive outcomes in patients with acute coronary syndrome: Findings from the K-DEPACS study. <i>Psychiatry Research</i> . 2017;255:328.	Could not determine eligibility
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Krauss O, Hinz A, Schwarz R. The issue of adequate border values for HADS-D-HADS-D as screening performance for psychological stress and psychological comorbidity in stationary treated tumor patients. <i>Psychotherapie Psychosomatik Medizinische Psychologie</i> . 2005;55:138.	Could not determine eligibility
Kristjansson K, Porunn G, Jonasson MR. Prevalence, diagnosis and treatment of depression and anxiety in patients in cardiac rehabilitation. <i>Laeknabladid</i> . 2007;93:841.	No validated interview to assess major depression
Lagrue G, Dupont P, Fakhfakh R. Anxiety and depressive disorders in tobacco dependence. <i>Encephale</i> . 2002;28:374.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
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Madeira N, Albuquerque E, Santos T, Mendes A, Roque M. Death ideation in cancer patients: contributing factors. <i>Journal of Psychosocial Oncology</i> . 2011;29:636.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
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Mohamed S, Gill JS, Tan CT. Quality of life of patients with epilepsy in Malaysia. <i>Asia-Pacific psychiatry : Official Journal of the Pacific Rim College of Psychiatrists</i> . 2014;6:105.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Mokhort T, Navmenova YL. Metabolic control and depression in type 1 diabetes mellitus. <i>Diabetes Mellitus</i> . 2015;18:47.	No major depression
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Nuhu FT, Lasisi MD, Yusuf AJ, Aremu SB. Suicide risk among adults with epilepsy in Kaduna, Nigeria. <i>General hospital psychiatry</i> . 2013;35:517.	No major depression
Okamura H, Uchitomi Y, Sasako M, Eguchi K, Kakizoe T. Screening for psychological distress in Japanese cancer patients. <i>Japanese journal of clinical oncology</i> . 1998;28:333.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
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Olufsen IS, Sorensen ME, Bjorvatn B. New diagnostic criteria for insomnia and the association between insomnia, anxiety and depression. <i>Tidsskrift for den Norske laegeforening</i> . 2020;140.	No major depression
Orive M, Padierna JA, Quintana JM, Las-Hayas C, Vrotsou K, Aguirre U. Detecting depression in medically ill patients: Comparative accuracy of four screening questionnaires and physicians' diagnoses in Spanish population. <i>Journal of psychosomatic research</i> . 2010;69:399.	No validated interview to assess major depression
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Osman OT, Emam E, Zoubeidi T, Al-Mugaddam F, Souid AK. Psychological Assessment of Emirati Patients Pursuing Bariatric Surgery for Obesity. <i>The Primary Care Companion to CNS Disorders</i> . 2017;19.	No major depression
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Pereira MG, Baia V, Machado JC. Coping and quality of life in patients with skin tumors in the follow-up stage: The mediating role of body image and psychological morbidity. <i>Journal of Psychosocial Oncology</i> . 2016;34:400.	No major depression
Pinho de Oliveira Ribeiro N, Rafael de Mello Schier A, Ornelas AC, Pinho de Oliveira CM, Nardi AE, Silva AC. Anxiety, depression and suicidal ideation in patients with rheumatoid arthritis in use of methotrexate, hydroxychloroquine, leflunomide and biological drugs. <i>Comprehensive psychiatry</i> . 2013;54:1185.	Could not determine eligibility
Poutanen O, Koivisto AM, Salokangas RK. Applicability of the DEPS Depression Scale: assessing format and individual items in subgroups of patients. <i>Nordic Journal of Psychiatry</i> . 2010;64:384.	No major depression
Priya PK, Rajappa M, Kattimani S, Mohanraj PS, Revathy G. Association of neurotrophins, inflammation and stress with suicide risk in young adults. <i>Clinica chimica acta; international journal of clinical chemistry</i> . 2016;457:41.	Could not determine eligibility
Ramirez AJ, Richards MA, Jarrett SR, Fentiman IS. Can mood disorder in women with breast cancer be identified preoperatively?. <i>British journal of cancer</i> . 1995;72:1509.	No validated interview to assess major depression
Rampling J, Mitchell AJ, Von Oertzen T, Docker J, Jackson J, Cock H, Agrawal N. Screening for depression in epilepsy clinics. A comparison of conventional and visual-analog methods. <i>Epilepsia</i> . 2012;53:1713.	No validated interview to assess major depression

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Razavi D, Delvaux N , Farvacques C, Robaye E. Screening for adjustment disorders and major depressive disorders in cancer in-patients. <i>British Journal of Psychiatry</i> . 1990;156:79.	No major depression
Razavi D, Delvaux N , Farvacques C, Robaye E. Validation of the French version of the Hospital Anxiety and Depression Scale (HADS) in a population of hospitalized cancer patients. <i>Revue de Psychologie Appliquee</i> . 1989;39:295.	No major depression
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Razavi D, Delvaux N, Bredart A, Paesmans M, Debusscher L, Bron D, Stryckmans P. Screening for psychiatric disorders in a lymphoma out-patient population. <i>European journal of cancer</i> . 1992;28A:1869.	Could not determine eligibility
Rees G, Xie J, Fenwick EK, Sturrock BA, Finger R, Rogers SL, Lim L, Lamoureux EL. Association Between Diabetes-Related Eye Complications and Symptoms of Anxiety and Depression. <i>Jama Ophthalmology</i> . 2016;134:1007.	No major depression
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Ribeiro CS, Azevedo RC, Silva VF, Botega NJ. Chronic use of diazepam in primary healthcare centers: user profile and usage pattern. <i>Sao Paulo medical journal = Revista paulista de medicina</i> . 2007;125:270.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Riederer F, Marti M, Luechinger R, Lanzenberger R, von Meyenburg J, Gantenbein AR, Pirrotta R, Gaul C, Kollias S, Sandor PS. Grey matter changes associated with medication-overuse headache: correlations with disease related disability and anxiety. <i>World Journal of Biological Psychiatry</i> . 2012;13:517.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Rieu I, Martinez-Martin P, Pereira B, De Chazeron I, Verhagen Metman L, Jahanshahi M, Ardouin C, Chéreau I, Brefel-Courbon C, Ory-Magne F, Klingler H. International validation of a behavioral scale in Parkinson's disease without dementia. <i>Movement Disorders</i> . 2015;30:705.	No major depression
Roberge P, Dore I, Menear M, Chartrand E, Ciampi A, Duhoux A, Fournier L. A psychometric evaluation of the French Canadian version of the Hospital Anxiety and Depression Scale in a large primary care population. <i>Journal of affective disorders</i> . 2013;147:171.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
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Roch S, Fydrich T, Kuech D, Meyer J, Rabe K, Besch D, Worrigen U, Hampel P. Measurement of Depression and Anxiety in Multidisciplinary Inpatient Orthopedic Rehabilitation-A Questionnaire Validation with the SCID. <i>Physikalische Medizin Rehabilitationsmedizin Kurortmedizin</i> . 2016;26:130.	No HADS
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<p>Rusu AC, Hallner D. Idiographic measurement of depressive thinking: development and preliminary validation of the Sentence Completion Test for Chronic Pain (SCP). <i>Scandinavian Journal of Pain</i>. 2018;18:491.</p>	<p>Sample selected for known distress, mental health diagnosis, or psychiatric setting</p> <p>Could not determine eligibility</p>
<p>Sagen U, Finset A, Moum T, Morland T, Vik TG, Nagy T, Dammen T. Early detection of patients at risk for anxiety, depression and apathy after stroke. <i>General hospital psychiatry</i>. 2010;32:80.</p>	<p>Could not determine eligibility</p>
<p>Sagen U, Vik TG, Moum T, Morland T, Finset A, Dammen T. Screening for anxiety and depression after stroke: comparison of the hospital anxiety and depression scale and the Montgomery and Asberg depression rating scale. <i>Journal of psychosomatic research</i>. 2009;67:325.</p> <p>Sahu P, Hansa J, Mohanty DP, Mishra SN. Prevalence and pattern of anxiety and depressive disorders in pregnant women attending antenatal clinic. <i>Indian Journal of Public Health Research & Development</i>. 2018;9:52.</p>	<p>Sample selected for known distress, mental health diagnosis, or psychiatric setting</p>
<p>Sale S, Gadanya M. Prevalence and factors associated with depression in HIV/AIDS patients aged 15-25 years at Aminu Kano Teaching Hospital, Nigeria. <i>Journal of Child & Adolescent Mental Health</i>. 2008;20:95.</p>	<p>Sample selected for known distress, mental health diagnosis, or psychiatric setting</p>
<p>Samaras N, Herrmann FR, Samaras D, Lang PO, Canuto A, Forster A, Hilleret H, Gold G. The Hospital Anxiety and Depression Scale: low sensitivity for depression screening in demented and non-demented hospitalized elderly. <i>International Psychogeriatrics</i>. 2013;25:82.</p>	<p>No validated interview to assess major depression</p>
<p>Sanchez PT, Peiro G, Corbellas C. Assessment of psychopathology through the tests? <i>Psicooncologia</i>. 2008;5:71.</p>	<p>No validated interview to assess major depression</p>
<p>Santos AMD, Benute GRG, Santos NOD, Nomura RMY, de Lucia MCS, Francisco RPV. Presence of eating disorders and its relationship to anxiety and depression in pregnant women. <i>Midwifery</i>. 2017;51:12.</p>	<p>Could not determine eligibility</p>
<p>Sanyal D, Roy HS, Lahiri A, Ghosh M, Basu J. A Study of Psychiatric Morbidity amongst Cancer Patients. <i>International Medical Journal</i>. 2003;10:289.</p>	<p>No HADS</p>
<p>Savard J, Laberge B, Gauthier J, Bergeron MG. Validation of the hospital anxiety and depression scale with HIV-positive patients. <i>International Journal of Psychology</i>. 1996;31:48497.</p>	<p>No validated interview to assess major depression</p>
<p>Savard J, Laberge B, Gauthier JG, Bergeron MG. Screening clinical depression in HIV-seropositive patients using the Hospital Anxiety and Depression Scale. <i>AIDS and Behavior</i>. 1999;3:167.</p>	<p>Sample selected for known distress, mental health diagnosis, or psychiatric setting</p>
<p>Schaaber UL, Smari J, Oskarsson H. Comparison of the Hospital Anxiety and Depression Rating Scale (HAD) with other depression and anxiety rating scales. <i>Nordisk Psykiatrisk Tidsskrift</i>. 1990;44:507.</p>	<p>No validated interview to assess major depression</p>
<p>Schafer A, Scheurlen M, Weissbrich B, Schottker K, Kraus MR. Sustained virological response in the antiviral therapy of chronic hepatitis C: is there a predictive value of interferon-induced depression?. <i>Chemotherapy</i>. 2007;53:292.</p>	<p>Could not determine eligibility</p>

Schmeling-Kludas C, Jager K, Niemann BM. Diagnosis and significance of psychiatric disorders in physically ill geriatric patients. <i>Zeitschrift fur Gerontologie und Geriatrie</i> . 2000;33:36.	No validated interview to assess major depression
Schumacher S, Martin-Soelch C, Rufer M, Pazhenkottil AP, Wirtz G, Fuhrhans C, Hindermann E, Mueller-Pfeiffer C. Psychometric characteristics of the German adaptation of the Traumatic Experiences Checklist (TEC). <i>Psychological Trauma: Theory, Research, Practice, and Policy</i> . 2012;4:338.	No validated interview to assess major depression
Sehlo MG, Bahlas SM. Perceived illness stigma is associated with depression in female patients with systemic lupus erythematosus. <i>Journal of psychosomatic research</i> . 2013;74:248.	Could not determine eligibility
Sereflican B, Tuman TC, Tuman BA, Parlak AH. Type D personality, anxiety sensitivity, social anxiety, and disability in patients with acne: a cross-sectional controlled study. <i>Postepy dermatologii i alergologii</i> . 2019;36:51.	No major depression
Sheng L. Better detection of non-psychotic mental disorders by case description method in China. <i>Asian Journal of Psychiatry</i> . 2010;3:227.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Shim EJ, Lee SG, Kim NJ, Kim ES, Bang JH, Sohn BK, Park HY, Son KL, Hwang H, Lee KM, Hahm BJ. Suicide Risk in Persons with HIV/AIDS in South Korea: a Partial Test of the Interpersonal Theory of Suicide International. <i>Journal of Behavioral Medicine</i> . 2019;26:38.	Could not determine eligibility
Shoar S, Naderan M, Aghajani M, Sahimi-Izadian E, Hosseini-Araghi N, Khorgami Z. Prevalence and Determinants of Depression and Anxiety Symptoms in Surgical Patients. <i>Oman Medical Journal</i> . 2016;31:176.	No major depression
Silva LD, da Cunha CC, da Cunha LR, Araújo RF, Barcelos VM, Menta PL, Neves FS, Teixeira R, Rocha GA, Gontijo ED. Depression rather than liver impairment reduces quality of life in patients with hepatitis C. <i>Revista Brasileira de Psiquiatria</i> . 2015;37:21.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Silveira M, Moura Neto A, Sposito AC, Siminerio L, Pavin EJ. Low empowerment and diabetes regimen distress are related to HbA1c in low income type 1 diabetes patients in a Brazilian tertiary public hospital. <i>Diabetology & Metabolic Syndrome</i> . 2019;11:8.	Could not determine eligibility
Smith AB, Rush R, Wright P, Stark D, Velikova G, Sharpe M. Validation of an item bank for detecting and assessing psychological distress in cancer patients. <i>Psycho-oncology</i> . 2009;18:195.	No major depression
Smith AB, Wright EP, Rush R, Stark DP, Velikova G, Selby PJ. Rasch analysis of the dimensional structure of the Hospital Anxiety and Depression Scale. <i>Psycho-oncology</i> . 2006;15:817.	No major depression
Smith KA, Harvath TA, Goy ER, Ganzini L. Predictors of pursuit of physician-assisted death. <i>Journal of pain and symptom management</i> . 2015;49:555.	No major depression
Snaith RP. Defining "depression." <i>The American Journal of Psychiatry</i> . 1987;144:828.	No original data
Srinivasan K, Joseph W. A study of lifetime prevalence of anxiety and depressive disorders in patients presenting with chest pain to emergency medicine. <i>General hospital psychiatry</i> . 2004;26:470.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Starkstein SE, Dragovic M, Dujardin K, Marsh L, Martin PM, Pontone GM, Richard IH, Weintraub D, Leentjens AFG. Anxiety has specific syndromal profiles in Parkinson disease: A data-driven approach. <i>The American Journal of Geriatric Psychiatry</i> . 2014;22:1410.	No HADS
Starrenburg A, Kraaier K, Pedersen S, Scholten M, Van Der Palen J. Psychological indices as predictors for phantom shocks in implantable cardioverter defibrillator recipients. <i>Pacing & Clinical Electrophysiology</i> . 2014;37:768.	No major depression
Starrenburg AH, Kraaier K, Pedersen SS, van Hout M, Scholten M, van der Palen J. Association of psychiatric history and type D personality with symptoms of anxiety,	No major depression

depression, and health status prior to ICD implantation. <i>International Journal of Behavioral Medicine</i> . 2013;20:425.	
Steinlechner S, Wenzel L, Kasten M, Tadic V, Brüggemann N, Hagenah J, Rumpf HJ, Klein C, Lencer R. Evaluation of Psychiatric Disorders on the Basis of a SCID Screening. <i>Fortschritte der Neurologie-Psychiatrie</i> . 2015;83:499.	No HADS
Stella F, Rossi CR, Govone JS. Drug dependence, mental impairment and education. <i>Revista Interamericana de Psicologia</i> . 2008;42:143.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Strik JJ, Lousberg R, Cheriex EC, Honig A. One year cumulative incidence of depression following myocardial infarction and impact on cardiac outcome. <i>Journal of psychosomatic research</i> . 2004;56:59.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Strik JJ, van Praag HM, Honig A. Depression after first myocardial infarction. A prospective study on incidence, prognosis, risk factors and treatment. <i>Tijdschrift voor gerontologie en geriatrie</i> . 2003;34:104.	> 2 weeks between HADS and diagnostic interview
Suárez-Mendoza AA, Cardiel MH, Caballero-Urbe CV, Ortega-Soto HA, Márquez-Marin M. Measurement of depression in Mexican patients with rheumatoid arthritis: validity of the Beck Depression Inventory. <i>Arthritis Care & Research</i> . 1997;10:194.	Could not determine eligibility
Suárez-Mendoza AA, Cardiel MH, Caballero-Urbe CV, Ortega-Soto HA, Márquez-Marin M. Psychiatric and social outcome following liver transplantation for alcoholic liver disease: a controlled study. <i>Journal of psychosomatic research</i> . 1999;46:359.	Could not determine eligibility
Swedish Council on Health Technology Assessment. Case Finding, Diagnosis and Follow-Up of Patients with Affective Disorders. Stockholm: Swedish Council on Health Technology Assessment (SBU); 2012. SBU report no 212.	No original data
Tang WK, Lau CG, Mok V, Ungvari GS, Wong KS. The impact of pain on health-related quality of life 3 months after stroke. <i>Topics in Stroke Rehabilitation</i> . 2015;22:194.	Could not determine eligibility
Tang WK, Morgan CJ, Lau GC, Liang HJ, Tang A, Ungvari GS. Psychiatric Morbidity in Ketamine Users Attending Counselling and Youth Outreach Services. <i>Substance Abuse</i> . 2015;36:67.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Tang YF, Shi SX, Lu W, Chen Y, Wang QQ, Zhu YY, Cheng LN. Prenatal psychological prevention trial on postpartum anxiety and depression. <i>Chinese Mental Health Journal</i> . 2009;23:83.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Tao WW, Cai XT, Shen J, Shi XG, Wang Y. Hypocholesterolemia of brainstem raphe correlates with depression in migraine patients. <i>Journal of Headache and Pain</i> . 2019;20:6.	Could not determine eligibility
Terluin B, Brouwers EP, van Marwijk HW, Verhaak P, van der Horst HE. Detecting depressive and anxiety disorders in distressed patients in primary care: comparative diagnostic accuracy of the Four-Dimensional Symptom Questionnaire (4DSQ) and the Hospital Anxiety and Depression Scale (HADS). <i>BMC Family Practice</i> . 2009;10:58.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
TH Chen, SP Chang, CF Tsai, KD Juang. Prevalence of depressive and anxiety disorders in an assisted reproductive technique clinic. <i>Human Reproduction</i> . 2004;19:2313.	Could not determine eligibility
Thalén-Lindström AM, Glimelius BG, Johansson BB. Identification of Distress in Oncology Patients A Comparison of the Hospital Anxiety and Depression Scale and a Thorough Clinical Assessment. <i>Cancer nursing</i> . 2016;39:E31.	No validated interview to assess major depression
Thompson AGB, Sheldon R, Poole N, Varela R, White S, Jones P, Mulley C, Berg A, Blain CRV, Agrawal N. A new way of rapidly screening for depression in multiple sclerosis using Emotional Thermometers <i>Acta neuropsychiatrica</i> . 2019;31:151.	No validated interview to assess major depression

Thompson WM, Harris B, Lazarus J, Richards C. A comparison of the performance of rating scales used in the diagnosis of postnatal depression. <i>Acta Psychiatrica Scandinavica</i> . 1998;98:224.	No validated interview to assess major depression
Torta R, Siri I, Caldera P. Sertraline effectiveness and safety in depressed oncological patients. <i>Supportive Care in Cancer</i> . 2008;16:83.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Tostes MA, Chalub M, Botega NJ. The quality of life of HIV-infected women is associated with psychiatric morbidity. <i>AIDS care</i> . 2004;16:177.	No major depression
Traeger L, Braun IM, Greer JA, Temel JS, Cashavelly B, Pirl WF. Parsing depression from fatigue in patients with cancer using the fatigue symptom inventory. <i>Journal of Pain & Symptom Management</i> . 2011;42:52.	No validated interview to assess major depression
Tribbick D, Salzberg M, Ftanou M, Connell WR, Macrae F, Kamm MA, Bates GW, Cunningham G, Austin DW, Knowles SR. Prevalence of mental health disorders in inflammatory bowel disease: an Australian outpatient cohort. <i>Clinical & Experimental Gastroenterology</i> . 2015;8:197.	No validated interview to assess major depression
Trinca F, Infante P, Dinis R, Inácio M, Bravo E, Caravana J, et al. Depression and quality of life in patients with breast cancer undergoing chemotherapy and monoclonal antibodies. <i>Ecancer</i> . 2019;13:937.	No validated interview to assess major depression
Turrina C, Fiorazzo A, Turano A, Cacciani P, Regini C, Castelli F, Sacchetti E. Depressive disorders and personality variables in HIV positive and negative intravenous drug-users. <i>Journal of affective disorders</i> . 2001;65:45.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Upadhyaya AK, Stanley I. Hospital anxiety depression scale. <i>British Journal of General Practice</i> . 1993;43:349.	Could not determine eligibility
Upadhyaya AK, Stanley I. Detection of depression in primary care: comparison of two self-administered scales. <i>International journal of geriatric psychiatry</i> . 1997;12:35.	Could not determine eligibility
van der Aa BP, Krijnen-de Bruin E, van Rens GH, Twisk JW, van Nispen RM. Watchful waiting for subthreshold depression and anxiety in visually impaired older adults. <i>Quality of Life Research</i> . 2015;24:2885.	No HADS
van der Zwaan GL, van Dijk SE, Adriaanse MC, van Marwijk HW, van Tulder MW, Pols AD, Bosmans JE. Diagnostic accuracy of the Patient Health Questionnaire-9 for assessment of depression in type II diabetes mellitus and/or coronary heart disease in primary care. <i>Journal of affective disorders</i> . 2016. ;190:68	No HADS
van Tol-Geerdink JJ, Leer JW, Wijburg CJ, van Oort IM, Vergunst H, van Lin EJ, Witjes JA, Stalmeier PF. Does a decision aid for prostate cancer affect different aspects of decisional regret, assessed with new regret scales? A randomized, controlled trial. <i>Health Expectations</i> . 2016;19:459.	No major depression
Vasquez V, Novarro N, Valdes RA, Britton GB. Factors associated to depression in renal transplant recipients in Panama. <i>Indian Journal of Psychiatry</i> . 2013;55:273.	No major depression
Vedana L, Baiardi P, Sommaruga M, Galli M, Neri M, Pedretti RF, Tramarin R, Bertolotti G. Clinical validation of an anxiety and depression screening test for intensive in-hospital rehabilitation. <i>Monaldi Archives for Chest Disease</i> . 2002;58:101.	No validated interview to assess major depression
Velosa T, Caldeira S, Capelas ML. Depression and spiritual distress in adult palliative patients: a cross-sectional study. <i>Religions</i> . 2017;8:156.	No validated interview to assess major depression
Visser E, Gosens T, Den Oudsten B, De Vries J. Physical Trauma Patients with Symptoms of an Acute and Posttraumatic Stress Disorder: Protocol for an Observational Prospective Cohort Study. <i>JMIR Research Protocols</i> . 2018;7:e88.	No original data

Walker J, Hansen CH, Martin P, Symeonides S, Ramessur R, Murray G, Sharpe M. Prevalence, associations, and adequacy of treatment of major depression in patients with cancer: a cross-sectional analysis of routinely collected clinical data. <i>Lancet Psychiatry</i> . 2014;1:343.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Wang GL, Hsu SH, Feng AC, Chiu CY, Shen JF, Lin YJ, Cheng CC. The HADS and the DT for screening psychosocial distress of cancer patients in Taiwan. <i>Psycho-oncology</i> . 2011;20:639.	No validated interview to assess major depression
Wang Y, Bu T, Yan P, Yao H. Comparison of Incidence and Risk of Depression in Recipients of Renal Transplantation and Patients Undergoing Hemodialysis in China. <i>Transplantation Proceedings</i> . 2018;50:3449.	Could not determine eligibility
Watanabe N, Horikoshi M, Shinmei I, Oe Y, Narisawa T, Kumachi M, Matsuoka Y, Hamazaki K, Furukawa TA. Brief mindfulness-based stress management program for a better mental state in working populations - Happy Nurse Project: A randomized controlled trial. <i>Journal of affective disorders</i> . 2019;251:186.	No validated interview to assess major depression
Watanabe N, Matsuoka Y, Kumachi M, Hamazaki K, Horikoshi M, Furukawa TA. Omega-3 fatty acids for a better mental state in working populations-Happy Nurse Project: A 52-week randomized controlled trial. <i>Journal of psychiatric research</i> . 2018;102:72.	No validated interview to assess major depression
Watrowski R, Rohde A. Psychological well-being of gynecologic and obstetric patients: a validation of the 12-item Well-Being Questionnaire (W-BQ12). <i>Wiener klinische Wochenschrift</i> . 2014;126:524.	No major depression
Watson TM, Ford E, Worthington E, Lincoln NB. Validation of mood measures for people with multiple sclerosis. <i>International Journal of Ms Care</i> . 2014;16:105.	Could not determine eligibility
Weddell RA, Wood RL. Exploration of correlates of self-reported personality change after moderate-severe traumatic brain injury. <i>Brain Injury</i> . 2016;30:1362.	No HADS
Wetterborg D, Långström N, Andersson G, Enebrink P. Borderline personality disorder: Prevalence and psychiatric comorbidity among male offenders on probation in Sweden. <i>Comprehensive psychiatry</i> . 2015;62:63.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
White RE, Pickering A, Spathis GS. Mood disorder and chronic hypercalcemia. <i>Journal of psychosomatic research</i> . 1996;41:343.	No validated interview to assess major depression
Wichowicz HM, Wieczorek D. Screening post-stroke depression using the Hospital Anxiety and Depression Scale. <i>Psychiatria polska</i> . 2011;45:505.	No validated interview to assess major depression
Wiegand K, Albert US, Zemlin C, Lubbe D, Kleiber C, Kolb-Niemann B, Schade-Brittinger C, Wagner U, Herrmann-Lingen C. Psychological distress of breast cancer patients: screening and patients' request for psycho-oncological care as indicators of health-related quality of life. <i>Psychotherapie, Psychosomatik, medizinische Psychologie</i> . 2012;62:129.	No validated interview to assess major depression
Wilkinson PR, Wolfe CD, Warburton FG, Rudd AG, Howard RS, Ross-Russell RW, Beech R. Longer term quality of life and outcome in stroke patients: is the Barthel index alone an adequate measure of outcome?. <i>Quality in Health Care</i> . 1997;6:125.	No major depression
Wilson CS, Nassar SL, Ottomanelli L, Barnett SD, Njoh E. Gender differences in depression among veterans with spinal cord injury. <i>Rehabilitation psychology</i> . 2018;63:221.	No HADS
Wingenfeld K, Riedesel K, Petrovic Z, Philippsen C, Meyer B, Rose M, Grabe HJ, Barnow S, Löwe B, Spitzer C. Impact of childhood trauma, alexithymia, dissociation, and emotion suppression on emotional Stroop task. <i>Journal of psychosomatic research</i> . 2011;70:53.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Yahia S, El-Hadidy MA, El-Gilany AH, Anwar R, Darwish A, Mansour AK. Predictors of anxiety and depression in Egyptian thalassemic patients: a single center study. <i>International journal of hematology</i> . 2013;97:604.	No adults

Yahya F, Othman Z. Validation of the Malay version of Hospital Anxiety and Depression Scale (HADS) in Hospital Universiti Sains Malaysia. <i>Int Med J.</i> 2015;22:80.	Could not determine eligibility
Yakut E, Uguz F, Aydogan S, Bayman MG, Gezginc K. The course and clinical correlates of obsessive-compulsive disorder during the postpartum period: A naturalistic observational study. <i>Journal of affective disorders.</i> 2019;254:69.	No major depression
Yanartas O, Biçakci E, Kani HT, Banzragch M, Senkal Z, Kuscu KM, Atug O, Imeryuz N, Akin H. Contribution of the 'Hospital Anxiety and Depression Scale' for the Prediction of Psychiatric Disorder Diagnosis in IBD Outpatient Clinics and the Results of the Treatment. <i>Gastroenterology.</i> 2015;148:S840.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Yanartas O, Kani HT, Bicakci E, Kilic I, Banzragch M, Acikel C, Atug O, Kuscu K, Imeryuz N, Akin H. The effects of psychiatric treatment on depression, anxiety, quality of life, and sexual dysfunction in patients with inflammatory bowel disease. <i>Neuropsychiatric Disease & Treatment.</i> 2016;12:673.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Yanatas O, Kani HT, Banzragch M, Bicakci E, Kuscu K, Atug O, Imeryuz N, Akin H. Effectiveness of "Hospital Anxiety and Depression Scale" for the screening of the psychiatric treatment need in outpatients with Inflammatory Bowel Diseases. <i>Journal of Crohns & Colitis.</i> 2015;9:S132.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Yuan J, Ding R, Wang L, Sheng L, Li J, Hu D. Screening for depression in acute coronary syndrome patients: A comparison of Patient Health Questionnaire-9 versus Hospital Anxiety and Depression Scale-Depression. <i>Journal of psychosomatic research.</i> 2019;121:24.	Could not determine eligibility
Zendron M, Zequi SC, Guimaraes GC, Lourenco MTC. Assessment of suicidal behavior and factors associated with a diagnosis of prostate cancer. <i>Clinics.</i> 2018;73:e441.	No major depression
Zhou Y, Cao Z, Yang M, Xi X, Guo Y, Fang M, Cheng L, Du Y. Comorbid generalized anxiety disorder and its association with quality of life in patients with major depressive disorder. <i>Scientific reports.</i> 2017;7:40511.	Sample selected for known distress, mental health diagnosis, or psychiatric setting
Zingano BdL, Guarnieri R, Diaz AP, Schwarzbald ML, Wolf P, Lin K, Walz R. Hospital Anxiety and Depression Scale-Anxiety subscale (HADS-A) and The State-Trait Anxiety Inventory (STAI) accuracy for anxiety disorders detection in drug-resistant mesial temporal lobe epilepsy patients. <i>Journal of affective disorders.</i> 2019;246:452.	No validated interview to assess major depression
Zwolińska-Kloc M, Zabel M, Czajkowski K, Ostasz-Ważny J, Kokoszka A. Relations between gestational diabetes and postpartum depressive disorders and symptoms. <i>Archives of Psychiatry and Psychotherapy.</i> 2017;19:43.	Could not determine eligibility

Supplementary Table B1. Characteristics of eligible primary studies that provide data for the present study (N = 98)

First Author, Year	Country	Recruited Population	Diagnostic Interview	Classification System	Total N	Major Depression N (%)
Semi-structured Interviews						
Akechi, 2006 ¹	Japan	Outpatients with cancer in palliative care setting	SCID	DSM-IIIIR	223	17 (8)
Amoozegar, 2017 ^{2a}	Canada	Patients with migraine	SCID	DSM-IV	102	51 (50)
Beraldi, 2014 ³	Germany	Patients with haemato-oncological	SCID	DSM-IV	120	10 (8)
Bernstein, 2018 ⁴	Canada	Patients with Inflammatory Bowel Disease	SCID	DSM-IV	247	21 (9)
Braeken, 2010 ⁵	Netherlands	Patients with cancer treated with radiotherapy	SCID	DSM-IV	13	1 (8)
Can, 2018 ⁶	Turkey	Patients in waiting list and after 1 year of transplantation	SCID	DSM-IV	142	7 (5)
Cukor, 2008 ⁷	USA	Patients with end stage renal disease (ESRD)	SCID	DSM-IV	70	14 (20)
Da Rocha e Silva, 2013 ⁸	Brazil	Patients with stroke	SCID	DSM-IV	47	14 (30)
De Souza, 2009 ⁹	UK	Outpatients with Huntington's disease	SCAN	ICD-10	50	12 (24)
Dorow, 2017 ¹⁰	Germany	Elderly primary care patients	SCID	DSM-IV	1154	50 (4)
Ferentinos, 2011 ¹¹	Greece	Patients with amyotrophic lateral sclerosis (ALS)	SCID	DSM-IV	36	8 (22)
Fiest, 2014 ¹²	Canada	Patients with epilepsy	SCID	DSM-V	180	30 (17)
Fischer, 2014 ¹³	Germany	Patients with heart failure	SCID	DSM-IV	194	11 (6)
Gagnon, 2005 ¹⁴	Canada	Elderly patients who fell in previous 12 months	SCID	DSM-IV	108	14 (13)
Golden, 2006 ¹⁵	Ireland	Outpatients with Hepatitis C	SCID	DSM-IV	86	7 (8)
Gould, 2011 ¹⁶	Australia	Patients with traumatic brain injury (TBI)	SCID	DSM-IV	189	15 (8)
Hitchon, 2019 ¹⁷	Canada	Patients with rheumatoid arthritis	SCID	DSM-IV	153	17 (11)
Honarmand, 2009 ¹⁸	Canada	Patients with multiple sclerosis	SCID	DSM-IV	140	9 (6)
Huey, 2018 ¹⁹	Malaysia	Palliative Care Patients	SCID	DSM-IV	237	22 (9)
Jackson, 2021 ^{20a}	Australia	Patients with obstructive sleep apnea	SCID	DSM-IV	52	7 (13)
Juliao, 2013 ²¹	Portugal	Patients with advanced disease	SCID	DSM-IV	75	31 (41)
Keller, 2004 ²²	Germany	Inpatients with cancer at the department of surgery	SCID	DSM-IV	76	4 (5)
Kjaergaard, 2014 ²³	Norway	Healthy population	SCID	DSM-IV	357	20 (6)
Kugaya, 2000 ²⁴	Japan	Inpatients with cancer	SCID	DSM-III	81	3 (4)
Lambert, 2015 ²⁵	Australia	Patients with cancer	SCID	DSM-IV	164	25 (15)

Lee, 2016 ²⁶	Taiwan	Patients with head and neck cancer	SCID	DSM-IV	106	5 (5)
Lee, 2017 ²⁷	Taiwan	Caregivers of patients with head and neck cancer	SCID	DSM-IV	143	6 (4)
Love, 2002 ²⁸	Australia	Outpatients with breast cancer	MILP	DSM-IV	302	28 (9)
Love, 2004 ²⁹	Australia	Outpatients with breast cancer	MILP	DSM-IV	227	16 (7)
Löwe, 2002 ³⁰	Germany	Patients visiting the medical outpatient clinics	SCID	DSM-IV	497	64 (13)
Marrie, 2018 ³¹	Canada	Patients with multiple sclerosis	SCID	DSM-IV	252	26 (10)
Meyer, 2008 ³²	Germany	Spouses of patients with total laryngectomy	SCID	DSM-IV	102	4 (4)
Michopoulos, 2010 ³³	Greece	Elderly inpatients	SCID	DSM-IV	194	27 (14)
O'Rourke, 1998 ³⁴	UK	Patients with stroke	SADS	DSM-IV	56	9 (16)
Öztürk, 2013 ³⁵	Turkey	Patients with acne	SCID	DSM-IV	45	7 (16)
Patten, 2015 ³⁶	Canada	Patients with multiple sclerosis	SCID	DSM-IV	42	20 (48)
Pintor, 2006 ^{37b}	Spain	Patients on the waiting list for heart transplantation	SCID	DSM-IV	73	13 (18)
Prisnie, 2016 ³⁸	Canada	Patients with stroke	SCID	DSM-IV	116	11 (9)
Rooney, 2013 ³⁹	UK	Adults with cerebral glioma	SCID	DSM-IV	133	15 (11)
Ryan, 2012 ⁴⁰	Ireland	Patients with advanced cancer	SCID	DSM-IV	203	8 (4)
Sanchez-Gistau, 2012 ⁴¹	Spain	Patients with epilepsy	SCID	DSM-IV	296	35 (12)
Sánchez, 2012 ^{42b}	Spain	Patients had cardiac transplantation	SCID	DSM-IV	22	3 (14)
Sánchez, 2014 ⁴³	Spain	Heart transplantation candidates	SCID	DSM-IV	120	8 (7)
Sanchez, Unpublished ^a	Spain	Inpatients with epilepsy	SCID	DSM-IV	394	40 (10)
Saracino, 2017 ⁴⁴	USA	Outpatients with cancer	SCID	DSM-IV	196	6 (3)
Schellekens, 2016 ⁴⁵	Netherlands	Lung cancer patients and their partners	SCID	DSM-IV	151	13 (9)
Schwarzbold, 2014 ⁴⁶	Brazil	Patients with severe traumatic brain injury (TBI)	SCID	DSM-IV	44	14 (32)
Sia, 2018 ^{47a}	Australia	General community	SCID	DSM-IV	798	54 (7)
Simard, 2015 ⁴⁸	Canada	Patients with cancer in non-medical setting	SCID	DSM-IV	60	7 (12)
Singer, 2008 ⁴⁹	Germany	Patients with laryngeal cancer	SCID	DSM-IV	141	8 (6)
Singer, 2009 ⁵⁰	UK	Patients with cancer in acute care	SCID	DSM-IV	580	55 (9)
Stone, 2004 ⁵¹	UK	Outpatients after stroke	SCID	DSM-IV	35	4 (11)
Tung, 2015 ⁵²	Hong Kong, China	Patients with diabetes	SCID	DSM-IV	136	33 (24)
Turner, 2012 ⁵³	Australia	Patients after stroke	SCID	DSM-IV	72	13 (18)
Turner, unpublished ^a	Australia	Patients from cardiac rehabilitation	SCID	DSM-IV	52	4 (8)
Walker, 2007 ⁵⁴	UK	Patients with cancer	SCID	DSM-IV	361	30 (8)

Walterfang, 2007 ⁵⁵	Australia	Patients with adrenomyeloneuropathy	SCID	DSM-IV	10	1 (10)
Wong, 2015 ⁵⁶	Hong Kong, China	Patients with knee osteoarthritis	SCID	DSM-IV	114	33 (29)
Fully Structured Interviews						
Al-Asmi, 2011 ⁵⁷	Oman	Patients with epilepsy	CIDI	ICD-10	140	37 (26)
Costa-Requena, 2013 ⁵⁸	Spain	Outpatients with cancer	DIS / C-DIS	DSM-III	194	11 (6)
Grassi, 2009 ⁵⁹	Italy, Spain, Portugal and Switzerland	Cancer patients with early and stable disease	CIDI	ICD-10	301	11 (4)
Hahn, 2006 ⁶⁰	Germany	Patients with chronic illness	CIDI	DSM-IV	206	18 (9)
Harter, 2006 ⁶¹	Germany	Patients with musculoskeletal, cardiovascular, and cancer diseases	CIDI	DSM-IV	513	28 (5)
Hartung, 2017 ^{62a}	Germany	Patients with cancer	CIDI	ICD-10	1413	89 (6)
Patel, 2010 ⁶³	Australia	Patients with breast cancer	CIDI	DSM-IV	52	5 (10)
Patel, 2011 ⁶⁴	Australia	Patients diagnosed with colorectal cancer	CIDI	DSM-IV	92	7 (8)
Senturk, 2007 ⁶⁵	Turkey	Outpatients with leprosy	CIDI	DSM-III	59	6 (10)
Mini International Neuropsychiatric Interviews (MINI)						
Bayón-Pérez, 2016 ⁶⁶	Spain	Patients with HIV	MINI	DSM-IV	113	24 (21)
Beck, 2016 ⁶⁷	Singapore	Patients with cancer	MINI	DSM-IV	313	53 (17)
Bunevicius, 2007 ⁶⁸	Lithuania	Primary care patients	MINI	DSM-IV	997	152 (15)
Bunevicius, 2012 ⁶⁹	Lithuania	Patients with coronary artery disease	MINI	DSM-IV	517	56 (11)
Butnorienė, 2014 ⁷⁰	Lithuania	Primary care-based community sample	MINI	DSM-IV	1115	201 (18)
Chen, 2010 ⁷¹	Taiwan	Patients on hemodialysis	MINI	DSM-IV	195	47 (24)
Cheung, 2011 ⁷²	New Zealand	Elderly outpatients with chronic obstructive pulmonary disease	MINI	DSM-IV	55	1 (2)
Consoli, 2006 ⁷³	France	Patients with psoriasis	MINI	DSM-IV	93	15 (16)
De la Torre, 2016 ⁷⁴	Argentina	Patients hospitalized for a general medical illness	MINI	DSM-IV	256	69 (27)
de Oliveira, 2014 ⁷⁵	Brazil	Patients with epilepsy	MINI	DSM-IV	126	35 (28)
Douven, 2016 ⁷⁶	Netherlands	Patients with stroke	MINI	DSM-IV	247	13 (5)
Drabe, 2008 ⁷⁷	Switzerland	Wives of men with long-term head and neck cancer	MINI	DSM-IV	62	3 (5)
Fabregas, 2014 ⁷⁸	Brazil	Patients with Hepatitis C	MINI	DSM-IV	105	33 (31)
Gandy, 2012 ⁷⁹	Australia	People with epilepsy	MINI	DSM-IV	147	35 (24)
Jang, 2012 ⁸⁰	Korea	Patients with breast cancer	MINI	DSM-IV	309	11 (4)
Kang, 2013 ⁸¹	Korea	Patients with recent ischemic stroke	MINI	DSM-IV	423	36 (9)

Law, 2014 ⁸²	Australia	Patients with suspected obstructive sleep apnea	MINI	DSM-IV	100	30 (30)
Lees, 2013 ⁸³	UK	Patients after stroke	MINI	DSM-IV & ICD-10	65	11 (17)
Loosman, 2010 ⁸⁴	Netherlands	Patients with end-stage renal disease	MINI	DSM-IV	28	8 (29)
Massardo, 2015 ^{85b}	Chile	Outpatients with systemic lupus erythematosus	MINI	DSM-IV	128	28 (22)
Matsuoka, 2009 ⁸⁶	Japan	Patients with physical injury	MINI	DSM-IV	153	26 (17)
McFarlane, 2009 ⁸⁷	Australia	Patients with traumatic injury	MINI	DSM-IV	860	130 (15)
Pedroso, 2016 ^{88a}	Brazil	Patients with acute ischemic stroke	MINI	DSM-IV	48	9 (19)
Phan, 2016 ⁸⁹	Australia	Patients with chronic obstructive pulmonary disease (COPD)	MINI	DSM-IV	47	6 (13)
Reme, 2014 ⁹⁰	Norway	Patients with chronic low back pain	MINI	DSM-IV	540	17 (3)
Soyseth, 2016 ⁹¹	Norway	Patients evaluated for lung transplantation	MINI	DSM-IV	95	9 (9)
Stafford, 2007 ⁹²	Australia	Patients with coronary artery disease	MINI	DSM-IV	193	35 (18)
Stafford, 2014 ⁹³	Australia	Women with breast or gynecologic cancer	MINI	DSM-IV	100	17 (17)
Sultan, 2009 ⁹⁴	France	Patients with diabetes	MINI	DSM-IV	292	30 (10)
Tiringer, 2008 ⁹⁵	Hungary	Outpatients in residential cardiac rehabilitation	MINI	DSM-IV	143	9 (6)
Yamashita, 2017 ⁹⁶	Japan	Patients with acute coronary syndrome	MINI	DSM-IV	98	5 (5)

^a Unpublished studies at time of the electronic search

^b Studies that did not come up in our search

Abbreviations: DSM: Diagnostic and Statistical Manual of Mental Disorders; ICD: International Classification of Diseases; UK: United Kingdom; USA: United States of America.

Supplementary Table B2. Characteristics of eligible primary studies that did not provide data for the present study (N = 77)

First Author, Journal, Year	Country	Recruited Population	Diagnostic Interview	Classification System	Total N	Major Depression N (%)
Annagur, Pain Med, 2014 ⁹⁷	Turkey	Patients with chronic pain	SCID	DSM-IV	162	56 (35)
Atesci, Support Care Cancer, 2004 ⁹⁸	Turkey	Patients with cancer	SCID	DSM-IV	117	16 (14)
Balaban, Noro Psikiyatir Ars, 2017 ⁹⁹	Turkey	Hemodialysis patients	SCID	DSM-IV	93	19 (20)
Chan, Int J Rheum Dis, 2017 ¹⁰⁰	Hong Kong, China	Patients with spondyloarthritis	SCID	DSM-IV	160	17 (11)
Chaturvedi, J Psychosom Res, 1998 ¹⁰¹	UK	Patients with cancer and disease and symptom-free controls	PAS	DSM-III-R	81	NR
Clarke, Int J Psychiatry Med, 1993 ¹⁰²	Australia	General hospital patients	SCID	DSM-III-R	179	22 (12)
Constantini, Support Care Cancer, 1999 ¹⁰³	Italy	Patients with cancer	SCID	DSM-III-R	132	13 (10)
Fritzsche, Psychosoc Med, 2005 ¹⁰⁴	Germany	Medically ill inpatients	Mini-DIPS	ICD-10	294	21 (7)
Ganzini, BMJ, 2008 ¹⁰⁵	USA	Patients with terminally ill	SCID	DSM-IV	58	12 (21)
Goebel, Support Care Cancer, 2011 ¹⁰⁶	Germany	Patients with brain tumor	SCID	DSM-IV	26	0 (0)
Goy, J Pain Symptom Manage, 2011 ¹⁰⁷	USA	Hospice patients	SCID	DSM-IV	88	NR
Haworth, Int J Geriatr Psychiatry, 2007 ¹⁰⁸	UK	Outpatients with chronic heart failure	SCID	DSM-IV	88	13 (15)
Healey, Int J Geriatr Psychiatry, 2008 ¹⁰⁹	UK	Older stroke survivor patients	SCID	DSM-IV	49	7 (14)
Henderson, J Psychosom Res, 2005 ¹¹⁰	UK	Patients with chronic fatigue syndrome	SCID	DSM-III-R	61	19 (31)
Henningsen, J Nerv Ment Dis, 2005 ¹¹¹	Germany	Patients with medically unexplained somatic symptoms	SCID	DSM-IV	186	50 (27)
Henry, Head Neck, 2017 ¹¹²	Canada	Patients with head and neck cancer	SCID	DSM-IV	219	13 (9)
Hosaka, Int J Psychiatry Clin Pract, 1999 ¹¹³	Japan	Patients with otolaryngology	SCID	DSM-IV	100	10 (10)
Kallestad, J Psychosom Res, 2015 ¹¹⁴	Norway	Patients with chronic fatigue	SCID	DSM-IV	122	NR
Katz, Psychooncology, 2004 ¹¹⁵	Canada	Patients with head and neck cancer	SADS	DSM-IV	60	3 (5)
Krespi Boothby, Türk Psikiyatir Dergisi, 2010 ¹¹⁶	England	Patients with breast cancer	SADS	DSM-IV	255	22 (9)
Leong Abdullah, IMJM, 2019 ¹¹⁷	Malaysia	Traumatic brain injury patients	SCID	DSM-IV	101	NR
Lloyd-Williams, J Pain Symptom Manage, 2001 ¹¹⁸	UK	Advanced metastatic cancer patients	PSE	ICD-10	100	NR
Mehnert, Psychooncology, 2007 ¹¹⁹	Germany	Patients with breast cancer	SCID	DSM-IV	127	6 (5)
Morasso, Eur J Cancer, 2001 ¹²⁰	Italy	Patients with breast cancer	SCID	DSM-III-R	113	13 (12)
Navines, J Affect Disord, 2012 ¹²¹	Spain	Patients with chronic Hepatitis C	SCID	DSM-IV	500	32 (6)
Nilges, Schmerz, 2015 ¹²²	Germany	Patients with chronic pain	SCID	DSM-IV	100	26 (26)
Ozalp, Psychooncology, 2008 ¹²³	Turkey	Patients with breast cancer	SCID	DSM-IV	204	17 (8)
Poole, Gen Hosp Psychiatry, 2006 ¹²⁴	UK	Patients with cardiomyopathy	SCID	DSM-III-R	115	18 (16)
Preljevic, Gen Hosp Psychiatry, 2013 ¹²⁵	Norway	Patients with dialysis	SCID	DSM-IV	109	16 (15)
Reckert, Z Psychosom Med Psychother, 2013 ¹²⁶	Germany	Patients in hemodialysis (end-stage renal disease)	SCID	DSM-IV	52	9 (17)
Rusu, Scand J Pain, 2016 ¹²⁷	UK	Patients with chronic pain	SCID	DSM-IV	78	28 (36)

Saheeb, Niger J Clin Pract, 2005 ¹²⁸	Nigeria	Patients with temporomandibular joint pain and dysfunction and controls	PAS	DSM-III-R	48	1 (2)
Silverstone, J Psychosom Res, 1996 ¹²⁹	UK	Emergency medical patients	SCAN	DSM-IV	153	24 (16)
Strik, Psychosomatics, 2001 ¹³⁰	Netherlands	Patients with myocardial infarction	SCID	DSM-IV	179	23 (13)
Tang, Aging Ment Health, 2004 ¹³¹	China	Geriatric post-stroke patients	SCID	DSM-III-R	100	8 (8)
Tung, Hong Kong J Psychiatry, 2009 ¹³²	China	Patients with irritable bowel syndrome	SCID	DSM-IV	99	NR
Vaeroy, Nord J Psychiatry, 2003 ¹³³	Norway	General surgical inpatients	SCID	DSM-III-R	108	14 (13)
Warmenhoven, J Affect Disord, 2012 ¹³⁴	Netherlands	Patients with advanced cancer	SCAN	DSM-IV	64	2 (3)
Westhoff-Bleck, J Affect Disord, 2016 ¹³⁵	Germany	Patients with congenital heart disease	SCID	DSM-IV	150	37 (25)
Wiglusz, Epilepsy Behav, 2016 ¹³⁶	Poland	Patients with epilepsy	SCID	DSM-IV-TR	96	21 (22)
Wilkinson, J R Coll Gen Pract, 1988 ¹³⁷	UK	Patients attending general practitioners	SCID	DSM-III	100	14 (14)
Wong, East Asian Arch Psychiatry, 2013 ¹³⁸	China	Patients with Graves' ophthalmopathy	SCID	DSM-IV	124	8 (6)
Zoger, Psychosomatics, 2006 ¹³⁹	Sweden	Patients with tinnitus	SCID	DSM-III-R	224	101 (45)
Al-Adawi, Brain Injury, 2007 ¹⁴⁰	Oman	Patients with TBI	CIDI	ICD-10	67	38 (57)
Azah, Int Med J, 2005 ¹⁴¹	Malaysia	Patients attending primary health care services	CIDI	ICD-10	180	30 (17)
Haddad, PLoS One, 2013 ¹⁴²	UK	Patients with coronary heart disease	CIS-R	ICD-10	730	11 (2)
Jenkins, Psychosomatics, 1994 ¹⁴³	UK	Adult bone marrow transplant recipients	CIDI	Unclear	28	5 (18)
Le Fevre, Palliat Med, 1999 ¹⁴⁴	UK	Palliative care inpatients	CIS-R	ICD-10	79	14 (18)
Lepine, Acta psychiatr belg, 1986 ¹⁴⁵	France	Internal medicine patients	CIDI	DSM-III	120	35 (29)
Martucci, Psychol Med, 1999 ¹⁴⁶	Italy	General medical and surgical ward patients	CIDI	ICD-10	363	NR
Morriss, J R Soc Med, 1998 ¹⁴⁷	UK	Chronic fatigue syndrome patients	CIS-R	DSM-III-R	136	14 (10)
Parker, Acta Psychiatr Scand, 2002 ¹⁴⁸	Australia	Medically ill patients	CIDI	DSM-IV	97	16 (16)
Parker, Aust N Z J Psychiatry, 2001 ¹⁴⁹	Australia	Medically ill patients	CIDI	Unclear	28	6 (21)
Tschorn, Psychiatr Prax, 2019 ¹⁵⁰	Germany	Patients with coronary heart disease	CIDI	DSM-IV	682	58 (9)
Zirke, Qual Life Res, 2013 ¹⁵¹	Germany	Patients with chronic tinnitus	CIDI	ICD-10	100	NR
Baby, Ind Psychiatry J, 2018 ¹⁵²	India	Limb amputation patients	MINI	ICD-10	100	20 (20)
Baguelin-Pinaud, L'Encéphale, 2009 ¹⁵³	France	Renal transplant patients	MINI	DSM-IV	60	8 (13)
Baker, Ann Am Thorac Soc, 2018 ¹⁵⁴	USA	Patients with chronic obstructive pulmonary disease	MINI	DSM-V	220	54 (25)
Baubet, Presse Med, 2010 ¹⁵⁵	France	Patients with systemic sclerosis	MINI	DSM-IV	100	19 (19)
Buganza-Torio, Aliment Pharmacol Ther, 2019 ¹⁵⁶	Canada	Cirrhosis patients	MINI	Unclear	305	55 (18)
Castro, Rev Bras Anesthesiol, 2006 ¹⁵⁷	Brazil	Patients with chronic pain	MINI	DSM-IV	91	NR
Cruzado, Support Care Cancer, 2018 ¹⁵⁸	Spain	Cancer patients	MINI	DSM-IV	232	NR
Ellouze, Tunis Med, 2017 ¹⁵⁹	Tunisia	Patients with Type 2 diabetes	MINI	DSM-IV	100	31 (31)
Hosaka, Psychiatry Clin Neurosci, 1996 ¹⁶⁰	Japan	Cancer and medically ill patients	MINI	DSM-IV	100	NR
Hosseinzadeh, Gastroenterol Hepatol Bed Bench, 2011 ¹⁶¹	Iran	Patients with chronic constipation	MINI	DSM-IV and ICD-10	54	18 (33)
Jarpa, Lupus, 2011 ¹⁶²	Chile	Patients with systemic lupus erythematosus	MINI	DSM-IV	83	18 (22)

Kanzaki, Acta Otolaryngol, 2015 ¹⁶³	Japan	Patients with dizziness and Ménière's disease	MINI	Unclear	138	19 (14)
Kuijpers, Eur J Cardiovasc Prev Rehabil, 2007 ¹⁶⁴	Netherlands	Patients with non-cardiac chest pain	MINI	DSM-IV	410	NR
Kwan, Semin Arthritis Rheum, 2019 ¹⁶⁵	Canada	Patients with systemic lupus erythematosus	MINI	DSM-V	159	23 (15)
Maia, Rev Assoc Med Bras, 2014 ¹⁶⁶	Brazil	Patients with Type-1 diabetes	MINI	Unclear	110	9 (8)
Manzanera, Annales Médico Psychologiques, 2003 ¹⁶⁷	France	Patients with cancer	MINI	DSM-IV	54	7 (13)
Mitchell, Aust N Z J Psychiatry, 2011 ¹⁶⁸	Iraq	Patients with primary depression and non-depressed subjects	MINI	DSM-IV	400	NR
Orge, PLoS One, 2015 ¹⁶⁹	Brazil	Patients with bladder symptoms	MINI	Unclear	172	NR
Risnes, Psychosomatics, 2013 ¹⁷⁰	Norway	Cardio-respiratory failure patients	MINI	DSM-IV	28	NR
Sumari-de Boer, Trop Med Int. Health, 2018 ¹⁷¹	Tanzania	Patients with HIV	MINI	DSM-IV & ICD-10	215	6 (3)
Telles-Correia, Transplant Proc, 2009 ¹⁷²	Portugal	Liver transplant patients	MINI	DSM-IV	100	25 (25)
Yang, Compr Psychiatry, 2014 ¹⁷³	China	Psycho-cardiological outpatients	MINI	DSM-IV	100	38 (38)

Abbreviations: DSM: Diagnostic and Statistical Manual of Mental Disorders; ICD: International Classification of Diseases; NR: Not Reported. UK: United Kingdom; USA: United States of America

Supplementary Table C. QUADAS-2 ratings for each primary study included in the present study

First Author, Year	Domain 1: Participant Selection					Domain 2: Index Text				Domain 3: Reference Standard					Domain 4: FLOW and Timing				
	SQ1	SQ2	SQ3	RoB	AC	SQ1	SQ2	RoB	AC	SQ1	SQ2	SQ3	RoB	AC	SQ1	SQ2	SQ3	SQ4	RoB
Semi-Structured Interviews																			
Akechi, 2006 ¹	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	U/C	Yes	Yes	Yes	Yes	Low
Amoozegar, 2017 ^{2a}	U/C	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	U/C	Yes	Yes	No	U/C
Beraldi, 2014 ³	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	U/C	U/C	U/C	Low	Yes	Yes	Yes	Yes	Low
Bernstein, 2018 ⁴	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Braeken, 2010 ⁵	No	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	U/C	IPD ^b	Yes	Yes	Yes	IPD ^b
Can, 2018 ⁶	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Cukor, 2008 ⁷	U/C	Yes	Yes	High	U/C	N/A	N/A	Low	U/C	Yes	U/C	U/C	U/C	U/C	U/C	Yes	Yes	Yes	U/C
Da Rocha e Silva, 2013 ⁸	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	U/C	Yes	U/C	U/C	U/C	U/C	Yes	Yes	Yes	Yes	Low
De Souza, 2009 ⁹	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Dorow, 2017 ¹⁰	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Ferentinos, 2011 ¹¹	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Fiest, 2014 ¹²	U/C	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	Yes	U/C	U/C	Low	U/C	Yes	Yes	No	U/C
Fischer, 2014 ¹³	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	U/C	Yes	Yes	Yes	U/C
Gagnon, 2005 ¹⁴	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Golden, 2006 ¹⁵	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Gould, 2011 ¹⁶	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Hitchon, 2019 ¹⁷	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	U/C	Yes	Yes	Yes	U/C
Honarmand, 2009 ¹⁸	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Huey, 2018 ¹⁹	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	U/C	Yes	Yes	Yes	Yes	Low
Jackson, 2021 ^{20a}	U/C	Yes	No	High	High	N/A	N/A	Low	Low	Yes	U/C	U/C	U/C	Low	IPD ^b	Yes	Yes	Yes	IPD ^b
Juliao, 2013 ²¹	U/C	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	U/C	U/C	U/C	U/C	Yes	Yes	Yes	Yes	Low
Keller, 2004 ²²	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	U/C	No	Yes	No	High
Kjaergaard, 2014 ²³	No	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	U/C	Yes	Yes	Yes	Yes	Low
Kugaya, 2000 ²⁴	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	U/C	U/C	Yes	Yes	Yes	U/C
Lambert, 2015 ²⁵	No	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Lee, 2016 ²⁶	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	U/C	U/C	Yes	Yes	Yes	U/C
Lee, 2017 ²⁷	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	U/C	Yes	Yes	Yes	Low	U/C	U/C	Yes	Yes	Yes	U/C
Love, 2002 ²⁸	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	U/C	U/C	Yes	Yes	Yes	U/C
Love, 2004 ²⁹	No	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	U/C	Low	U/C	Yes	Yes	Yes	U/C
Löwe, 2002 ³⁰	Yes	Yes	Yes	Low	High	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Marrie, 2018 ³¹	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Meyer, 2008 ³²	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	U/C	U/C	U/C	Low	Yes	Yes	Yes	Yes	Low
Michopoulos, 2010 ³³	No	Yes	Yes	U/C	Low	N/A	N/A	Low	U/C	Yes	U/C	Yes	U/C	U/C	Yes	Yes	Yes	Yes	Low
O'Rourke, 1998 ³⁴	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	IPD ^b	Yes	Yes	Yes	IPD ^b
Öztürk, 2013 ³⁵	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	Yes	U/C	U/C	Low	Yes	Yes	Yes	Yes	Low

Patten, 2015 ³⁶	No	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	U/C	Yes	Yes	Yes	U/C
Pintor, 2006 ^{37c}	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	U/C	U/C	U/C	U/C	Yes	Yes	Yes	Yes	Low
Prisnie, 2016 ³⁸	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	U/C	Yes	Yes	No	U/C
Rooney, 2013 ³⁹	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	U/C	U/C
Ryan, 2012 ⁴⁰	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Sanchez-Gistau, 2012 ⁴¹	U/C	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Sánchez, 2012 ^{42c}	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	U/C	U/C	U/C	U/C	Yes	Yes	Yes	Yes	Low
Sánchez, 2014 ⁴³	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	U/C	U/C	U/C	Low	Yes	Yes	Yes	Yes	Low
Sanchez, Unpublished ^a	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	U/C	Yes	Yes	Yes	Yes	Low
Saracino, 2017 ⁴⁴	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	U/C	U/C	Low	Yes	Yes	Yes	Yes	Low
Schellekens, 2016 ⁴⁵	No	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	U/C	U/C	Yes	Yes	Yes	U/C
Schwarzbold, 2014 ⁴⁶	U/C	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Sia, 2018 ^{47a}	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	U/C	Yes	Yes	Yes	U/C
Simard, 2015 ⁴⁸	U/C	Yes	Yes	Low	Low	N/A	N/A	Low	U/C	Yes	Yes	Yes	Low	U/C	Yes	Yes	Yes	Yes	Low
Singer, 2008 ⁴⁹	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	U/C	U/C	Yes	U/C	U/C
Singer, 2009 ⁵⁰	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	No	High
Stone, 2004 ⁵¹	U/C	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	U/C	Yes	Yes	No	High
Tung, 2015 ⁵²	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Turner, 2012 ⁵³	U/C	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Turner, unpublished ^a	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Walker, 2007 ⁵⁴	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	U/C	Yes	Yes	U/C	U/C
Walterfang, 2007 ⁵⁵	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	U/C	Yes	Yes	Yes	Low
Wong, 2015 ⁵⁶	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low

Fully-structured Interviews

Al-Asmi, 2011 ⁵⁷	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	U/C	Yes	Yes	Yes	U/C
Costa-Requena, 2013 ⁵⁸	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	No	Yes	No	U/C
Grassi, 2009 ⁵⁹	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	U/C	Yes	Yes	Yes	Yes	Low
Hahn, 2006 ⁶⁰	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	U/C	Yes	Yes	Yes	U/C
Harter, 2006 ⁶¹	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	U/C	Yes	U/C	Yes	U/C	U/C	U/C	Yes	Yes	Yes	U/C
Hartung, 2017 ^{62a}	No	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	U/C	IPD ^b	Yes	Yes	No	U/C
Patel, 2010 ⁶³	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	IPD ^b	Yes	Yes	No	U/C
Patel, 2011 ⁶⁴	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Senturk, 2007 ⁶⁵	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	U/C	Yes	Yes	Yes	U/C

Mini International Neuropsychiatric Interview (MINI)

Bayón-Pérez, 2016 ⁶⁶	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	U/C	U/C	Yes	Yes	Yes	U/C
Beck, 2016 ⁶⁷	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	U/C	U/C	U/C	Low	Yes	Yes	Yes	Yes	Low
Bunevicius, 2007 ⁶⁸	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	U/C	Yes	Yes	Yes	Yes	Low
Bunevicius, 2012 ⁶⁹	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	U/C	Yes	Yes	Yes	Low	U/C	Yes	Yes	Yes	Yes	Low
Butnorieni, 2014 ⁷⁰	U/C	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	U/C	Yes	Yes	Yes	Yes	Low
Chen, 2010 ⁷¹	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	U/C	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Cheung, 2011 ⁷²	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low

Consoli, 2006 ⁷³	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	U/C	Yes	U/C	Yes	U/C	U/C	U/C	Yes	Yes	Yes	U/C
De la Torre, 2016 ⁷⁴	No	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
de Oliveira, 2014 ⁷⁵	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	U/C	U/C	Yes	Yes	Yes	U/C
Douven, 2016 ⁷⁶	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	U/C	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Drabe, 2008 ⁷⁷	U/C	Yes	Yes	Low	Low	N/A	N/A	Low	U/C	Yes	U/C	Yes	U/C	U/C	U/C	Yes	Yes	Yes	U/C
Fabregas, 2014 ⁷⁸	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Gandy, 2012 ⁷⁹	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Jang, 2012 ⁸⁰	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Kang, 2013 ⁸¹	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	U/C	Yes	Yes	Yes	Low	U/C	Yes	Yes	Yes	Yes	Low
Law, 2014 ⁸²	Yes	Yes	Yes	Low	High	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	U/C	Yes	Yes	Yes	U/C
Lees, 2013 ⁸³	U/C	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	U/C	Yes	Yes	Yes	U/C
Loosman, 2010 ⁸⁴	No	Yes	Yes	U/C	Low	N/A	N/A	Low	U/C	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Massardo, 2015 ^{85c}	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	U/C	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Matsuoka, 2009 ⁸⁶	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	U/C	Yes	U/C	Yes	U/C	Low	IPD ^b	Yes	Yes	Yes	IPD ^b
McFarlane, 2009 ⁸⁷	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	U/C	Yes	Yes	Yes	U/C
Pedroso, 2016 ^{88a}	U/C	Yes	Yes	U/C	U/C	N/A	N/A	Low	U/C	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Phan, 2016 ⁸⁹	U/C	Yes	Yes	Low	U/C	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low
Reme, 2014 ⁹⁰	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Soyseth, 2016 ⁹¹	Yes	Yes	Yes	Low	U/C	N/A	N/A	Low	U/C	Yes	U/C	Yes	U/C	U/C	Yes	Yes	Yes	Yes	Low
Stafford, 2007 ⁹²	No	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Stafford, 2014 ⁹³	U/C	Yes	Yes	U/C	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Sultan, 2009 ⁹⁴	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	Yes	Yes	Yes	Yes	Low
Tiringer, 2008 ⁹⁵	Yes	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	Yes	Yes	Low	Low	IPD ^b	Yes	Yes	No	High
Yamashita, 2017 ⁹⁶	U/C	Yes	Yes	Low	Low	N/A	N/A	Low	Low	Yes	U/C	Yes	U/C	Low	Yes	Yes	Yes	Yes	Low

Abbreviations: AC: acceptability concern, RoB: risk of bias, SQ: signalling question, N/A: not applicable; U/C: Unclear

^a Was unpublished at the time of electronic database search

^b Rating varies at the individual participant level

^c Did not come up in the electronic database search and contributed by collaborating authors

Supplementary Table D1. Comparison of sensitivity and specificity estimates between HADS-D and HADS-T among studies that used a semi-structured reference standard

HADS-D ^a					HADS-T					HADS-T – HADS-D			
Cutoff	Sensitivity	95% CI	Specificity	95% CI	Cutoff	Sensitivity	95% CI	Specificity	95% CI	Sensitivity	95% CI	Specificity	95% CI
5	0.92	(0.88, 0.95)	0.61	(0.57, 0.65)	11	0.93	(0.89, 0.95)	0.62	(0.58, 0.66)	0.01	(-0.03, 0.04)	0.01	(-0.01, 0.04)
6	0.89	(0.84, 0.92)	0.69	(0.65, 0.73)	13	0.88	(0.83, 0.91)	0.71	(0.68, 0.75)	-0.01	(-0.05, 0.02)	0.02	(0.00, 0.04)
7 ^b	0.82	(0.77, 0.87)	0.78	(0.74, 0.81)	15 ^c	0.80	(0.75, 0.84)	0.79	(0.76, 0.82)	-0.02	(-0.08, 0.03)	0.01	(-0.00, 0.04)
8	0.74	(0.68, 0.79)	0.84	(0.81, 0.86)	17	0.72	(0.67, 0.77)	0.86	(0.84, 0.88)	-0.02	(-0.08, 0.04)	0.02	(0.01, 0.04)
9	0.63	(0.57, 0.69)	0.88	(0.86, 0.90)	19	0.59	(0.53, 0.64)	0.91	(0.89, 0.93)	-0.04	(-0.11, 0.02)	0.03	(0.01, 0.04)
10	0.54	(0.48, 0.59)	0.92	(0.90, 0.94)	21	0.46	(0.41, 0.52)	0.94	(0.93, 0.95)	-0.08	(-0.15, -0.01)	0.02	(0.01, 0.03)
11	0.43	(0.37, 0.50)	0.94	(0.93, 0.96)	23	0.35	(0.30, 0.40)	0.96	(0.95, 0.97)	-0.08	(-0.15, -0.02)	0.02	(0.01, 0.03)

^a N Studies = 58; N Participants = 10,311; N major depression = 1,034

^b The cutoff minimizes the values of the distance to the top-left corner of the ROC curves for HADS-D.

^c The cutoff minimized the values of the distance to the top-left corner of the ROC curves for HADS-T was ≥ 14 , but in order to be consistent with the overall analysis, we kept the same sets of paired cutoffs for comparison.

CI: confidence interval

Supplementary Table D2. Comparison of sensitivity and specificity estimates between HADS-D and HADS-T for pairs of optimal cutoffs and cutoffs close to the optimal cutoffs among studies that used a semi-structured reference standard via individual-level model

HADS-D^a	HADS-T	HADS-T – HADS-D	
Cutoff	Cutoff	Sensitivity	Specificity
5	11	0.02 (-0.01, 0.04)	0.01 (-0.01, 0.03)
6	13	0.01 (-0.01, 0.03)	0.02 (0.00, 0.04)
7 ^b	15 ^c	-0.01 (-0.04, 0.02)	0.02 (0.00, 0.04)
8	17	-0.01 (-0.04, 0.03)	0.03 (0.02, 0.05)
9	19	-0.03 (-0.07, 0.01)	0.03 (0.02, 0.05)
10	21	-0.07 (-0.11, -0.02)	0.03 (0.02, 0.04)
11	23	-0.08 (-0.12, -0.03)	0.03 (0.01, 0.04)

^a N Participants = 10,311; N major depression = 1,034

^b The cutoff minimizes the values of the distance to the top-left corner of the ROC curves for HADS-D.

^c The cutoff minimized the values of the distance to the top-left corner of the ROC curves for HADS-T was ≥ 14 , but in order to be consistent with the overall analysis, we kept the same sets of paired cutoffs for comparison.

Supplementary Table D3. Comparison of sensitivity and specificity estimates between HADS-D and HADS-T among studies that used a semi-structured reference standard and that participants recruited from inpatient care setting

HADS-D ^a					HADS-T					HADS-T – HADS-D			
Cutoff	Sensitivity	95% CI	Specificity	95% CI	Cutoff	Sensitivity	95% CI	Specificity	95% CI	Sensitivity	95% CI	Specificity	95% CI
5	0.93	(0.86, 0.96)	0.49	(0.41, 0.57)	11	0.95	(0.86, 0.98)	0.56	(0.48, 0.64)	0.02	(-0.04, 0.06)	0.07	(0.02, 0.12)
6	0.92	(0.83, 0.96)	0.59	(0.5, 0.67)	13	0.89	(0.82, 0.94)	0.67	(0.59, 0.74)	-0.03	(-0.09, 0.05)	0.08	(0.04, 0.14)
7 ^b	0.86	(0.77, 0.92)	0.69	(0.59, 0.77)	15 ^c	0.84	(0.77, 0.89)	0.77	(0.69, 0.84)	-0.02	(-0.10, 0.07)	0.08	(0.04, 0.14)
8	0.80	(0.72, 0.86)	0.76	(0.68, 0.83)	17	0.77	(0.69, 0.84)	0.84	(0.77, 0.89)	-0.03	(-0.16, 0.10)	0.08	(0.03, 0.13)
9	0.72	(0.64, 0.79)	0.83	(0.75, 0.88)	19	0.64	(0.56, 0.71)	0.89	(0.83, 0.93)	-0.08	(-0.21, 0.04)	0.06	(0.03, 0.10)
10	0.66	(0.57, 0.73)	0.88	(0.81, 0.92)	21	0.55	(0.47, 0.62)	0.94	(0.89, 0.96)	-0.11	(-0.22, 0.00)	0.06	(0.03, 0.10)
11	0.56	(0.45, 0.65)	0.91	(0.85, 0.95)	23	0.43	(0.36, 0.51)	0.96	(0.92, 0.98)	-0.13	(-0.25, 0.01)	0.05	(0.01, 0.08)

^a N Studies = 18; N Participants = 2,601; N major depression = 266

^b The cutoff minimizes the values of the distance to the top-left corner of the ROC curves for HADS-D.

^c The cutoff minimized the values of the distance to the top-left corner of the ROC curves for HADS-T was ≥ 16 , but in order to be consistent with the overall analysis, we kept the same sets of paired cutoffs for comparison.

CI: confidence interval

Supplementary Table D4. Comparison of sensitivity and specificity estimates between HADS-D and HADS-T among studies that used a semi-structured reference standard and that participants recruited from outpatient care setting

HADS-D ^a					HADS-T					HADS-T – HADS-D			
Cutoff	Sensitivity	95% CI	Specificity	95% CI	Cutoff	Sensitivity	95% CI	Specificity	95% CI	Sensitivity	95% CI	Specificity	95% CI
5	0.93	(0.87, 0.96)	0.64	(0.59, 0.67)	11	0.93	(0.88, 0.95)	0.63	(0.59, 0.67)	0.00	(-0.04, 0.04)	-0.01	(-0.03, 0.03)
6	0.89	(0.82, 0.93)	0.72	(0.68, 0.75)	13	0.88	(0.82, 0.92)	0.72	(0.68, 0.75)	-0.01	(-0.06, 0.04)	0.00	(-0.02, 0.03)
7 ^b	0.83	(0.75, 0.89)	0.79	(0.76, 0.82)	15 ^c	0.79	(0.73, 0.85)	0.80	(0.77, 0.82)	-0.04	(-0.12, 0.04)	0.01	(-0.01, 0.03)
8	0.73	(0.64, 0.79)	0.85	(0.82, 0.87)	17	0.72	(0.65, 0.79)	0.86	(0.84, 0.88)	-0.01	(-0.09, 0.08)	0.01	(0.00, 0.04)
9	0.61	(0.53, 0.69)	0.89	(0.87, 0.91)	19	0.58	(0.51, 0.66)	0.91	(0.90, 0.93)	-0.03	(-0.12, 0.05)	0.02	(0.01, 0.04)
10	0.51	(0.44, 0.58)	0.93	(0.91, 0.94)	21	0.44	(0.37, 0.52)	0.94	(0.93, 0.95)	-0.07	(-0.15, 0.01)	0.01	(-0.00, 0.03)
11	0.41	(0.34, 0.49)	0.95	(0.94, 0.96)	23	0.34	(0.28, 0.40)	0.96	(0.95, 0.97)	-0.07	(-0.16, -0.01)	0.01	(0.00, 0.02)

^a N Studies = 37; N Participants = 6,176; N major depression = 654

^b The cutoff minimizes the values of the distance to the top-left corner of the ROC curves for HADS-D.

^c The cutoff minimized the values of the distance to the top-left corner of the ROC curves for HADS-T was ≥ 14 , but in order to be consistent with the overall analysis, we kept the same sets of paired cutoffs for comparison.

CI: confidence interval

Supplementary Table E. Comparison of sensitivity and specificity estimates between HADS-D and HADS-T for pairs of optimal cutoffs and cutoffs close to the optimal cutoffs among participants from cancer studies

HADS-D ^a					HADS-T					HADS-T – HADS-D			
Cutoff	Sensitivity	95% CI	Specificity	95% CI	Cutoff	Sensitivity	95% CI	Specificity	95% CI	Sensitivity	95% CI	Specificity	95% CI
5	0.86	(0.82, 0.89)	0.63	(0.57, 0.68)	11	0.91	(0.87, 0.93)	0.65	(0.59, 0.71)	0.05	(-0.00, 0.10)	0.02	(-0.01, 0.05)
6	0.82	(0.77, 0.85)	0.72	(0.67, 0.76)	13	0.85	(0.80, 0.89)	0.73	(0.68, 0.78)	0.03	(-0.03, 0.07)	0.01	(-0.01, 0.04)
7 ^b	0.77	(0.71, 0.83)	0.79	(0.75, 0.83)	15 ^c	0.79	(0.74, 0.83)	0.81	(0.76, 0.84)	0.02	(-0.05, 0.07)	0.02	(-0.01, 0.04)
8	0.66	(0.58, 0.72)	0.85	(0.81, 0.88)	17	0.70	(0.62, 0.78)	0.87	(0.84, 0.90)	0.03	(-0.01, 0.17)	0.02	(0.01, 0.05)
9	0.55	(0.47, 0.63)	0.90	(0.87, 0.92)	19	0.55	(0.48, 0.61)	0.92	(0.90, 0.94)	0.00	(-0.07, 0.09)	0.02	(0.01, 0.04)
10	0.48	(0.40, 0.57)	0.93	(0.90, 0.95)	21	0.43	(0.37, 0.49)	0.95	(0.93, 0.96)	-0.05	(-0.13, 0.03)	0.02	(0.00, 0.04)
11	0.36	(0.28, 0.45)	0.95	(0.93, 0.96)	23	0.35	(0.29, 0.42)	0.97	(0.95, 0.98)	-0.01	(-0.08, 0.07)	0.02	(0.00, 0.03)

^a N Studies = 23; N Participants = 5,608; N major depression = 420

^b The cutoff minimizes the values of the distance to the top-left corner of the ROC curves for HADS-D.

^c The cutoff minimizes the values of the distance to the top-left corner of the ROC curves for HADS-T.

CI: confidence interval

Supplementary Table F1. Coefficients and p-values for one-stage meta-regressions assessing interactions between subgrouping variables and logit(sensitivity) and logit(1 – specificity), among studies used a semi-structured reference standard

Cutoff	5		6		7		8		9		10		11		12		13		14		15	
	Estimate		Estimate		Estimate		Estimate		Estimate		Estimate		Estimate		Estimate		Estimate		Estimate		Estimate	
	te	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value
d0 ^a	-0.234	0.347	-0.573	0.023	-0.905	0.001	-1.309	0.000	-1.740	0.000	-1.957	0.000	-2.484	0.000	-2.941	0.000	-3.177	0.000	-3.441	0.000	-3.825	0.000
d0age	0.005	0.014	0.004	0.033	0.002	0.274	0.002	0.401	0.002	0.532	0.000	0.941	0.001	0.729	0.005	0.204	0.005	0.300	0.006	0.317	0.013	0.064
d0male ^b	-0.085	0.110	-0.078	0.159	-0.062	0.293	-0.091	0.155	-0.075	0.298	-0.122	0.135	-0.034	0.719	0.011	0.918	-0.022	0.868	0.028	0.862	-0.284	0.176
d0setting.out ^c	-0.176	0.639	-0.158	0.676	-0.262	0.529	-0.494	0.251	-0.129	0.768	-0.194	0.705	-0.413	0.480	-0.676	0.326	-0.170	0.801	0.379	0.601	-0.285	0.798
d0setting.non ^d	-0.611	0.000	-0.562	0.000	-0.534	0.002	-0.510	0.002	-0.468	0.009	-0.571	0.006	-0.532	0.013	-0.617	0.007	-0.733	0.001	-0.845	0.004	-1.379	0.000
d0setting.mix ^e	-1.447	0.000	-1.534	0.000	-1.651	0.000	-1.894	0.000	-1.733	0.000	-2.001	0.000	-2.032	0.000	-1.998	0.000	-2.377	0.000	-2.301	0.002	-3.467	0.002
d0cancer ^f	-0.718	0.082	-0.851	0.040	-0.868	0.056	-0.907	0.040	-0.703	0.127	-0.935	0.089	-0.841	0.129	-1.373	0.026	-1.195	0.055	-1.714	0.057	-2.153	0.067
d0.Q.D1.B ^g	-0.219	0.193	-0.253	0.137	-0.321	0.085	-0.162	0.374	-0.019	0.922	0.050	0.823	0.098	0.671	-0.091	0.707	-0.063	0.807	-0.202	0.549	-0.215	0.593
d0.Q.D2.A ^h	0.102	0.509	0.095	0.540	0.080	0.635	0.065	0.689	0.045	0.793	0.071	0.720	0.084	0.675	0.118	0.563	0.073	0.727	-0.110	0.681	-0.256	0.426
d0.Q.D3.A ⁱ	-0.153	0.626	-0.164	0.603	-0.077	0.825	0.096	0.772	0.279	0.417	0.295	0.467	0.282	0.492	0.392	0.348	0.201	0.630	0.059	0.915	0.407	0.499
d0.Q.D3.B ^j	0.074	0.707	0.142	0.470	0.099	0.643	0.211	0.303	0.187	0.382	0.115	0.646	0.162	0.514	0.260	0.302	0.321	0.196	0.146	0.658	0.305	0.409
d0.Q.D4.B ^k	0.088	0.588	0.033	0.841	0.034	0.849	0.069	0.690	0.060	0.743	0.024	0.909	-0.008	0.970	-0.104	0.651	-0.199	0.400	-0.300	0.320	-0.580	0.125
d1 ^l	-0.053	0.751	-0.099	0.556	-0.051	0.783	-0.105	0.557	-0.143	0.447	-0.128	0.561	-0.119	0.593	-0.267	0.251	-0.267	0.268	-0.421	0.185	-0.430	0.272
d1age	2.824	0.000	2.709	0.000	2.134	0.002	1.567	0.005	0.643	0.217	0.276	0.543	0.139	0.774	-0.372	0.450	-1.454	0.004	-2.192	0.000	-2.264	0.000
d1male	0.012	0.160	0.011	0.171	0.010	0.175	0.012	0.062	0.013	0.024	0.013	0.010	0.007	0.174	0.007	0.220	0.011	0.045	0.011	0.073	0.009	0.206
d1setting.out	0.057	0.811	0.269	0.220	0.117	0.542	0.102	0.560	0.159	0.328	0.108	0.476	0.115	0.453	0.195	0.213	0.283	0.085	0.481	0.006	0.256	0.193
d1setting.non	2.001	0.112	1.370	0.168	0.449	0.569	0.621	0.344	0.374	0.532	0.023	0.965	-0.078	0.889	-0.172	0.759	0.005	0.993	0.496	0.393	-0.116	0.862
d1setting.mix	-0.719	0.131	-0.878	0.054	-0.696	0.086	-0.694	0.035	-0.598	0.050	-0.731	0.005	-0.594	0.031	-0.545	0.049	-0.281	0.296	-0.180	0.531	-0.254	0.403
d1cancer	-2.179	0.003	-2.337	0.001	-2.319	0.001	-2.121	0.000	-1.855	0.001	-2.077	0.000	-2.470	0.000	-2.581	0.000	-2.476	0.000	-2.141	0.006	-2.903	0.009
d1.Q.D1.B	-0.513	0.612	-0.374	0.694	-0.786	0.369	-0.662	0.357	-0.792	0.249	-0.776	0.184	-0.459	0.469	-0.699	0.277	-0.921	0.179	-0.761	0.306	-0.752	0.347
d1.Q.D2.A	-0.442	0.360	-0.287	0.527	-0.432	0.306	-0.567	0.108	-0.432	0.197	-0.287	0.320	-0.235	0.451	-0.121	0.699	-0.095	0.762	-0.063	0.853	0.315	0.379
d1.Q.D3.A	-0.098	0.806	-0.514	0.179	-0.398	0.265	-0.544	0.065	-0.240	0.389	-0.425	0.076	-0.467	0.068	-0.335	0.188	-0.302	0.236	-0.220	0.420	-0.270	0.355
d1.Q.D3.B	-0.866	0.243	-0.399	0.575	-0.044	0.950	-0.476	0.407	-0.742	0.184	-0.461	0.340	0.019	0.971	0.043	0.934	-0.265	0.611	-0.410	0.464	-0.114	0.846

d1.Q.D4.B	-0.177	0.726	-0.329	0.488	-0.228	0.614	0.017	0.963	0.071	0.842	0.026	0.930	-0.167	0.608	-0.038	0.905	0.296	0.350	0.359	0.288	0.449	0.198
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^ad0 corresponds to the model coefficient for logit(1 – specificity)

^bmale refers to the model coefficient for comparison of male vs. female

^coutp refers to the model coefficient for comparison of outpatient specialty care setting vs. inpatient specialty care setting

^cnonmed refers to the model coefficient for comparison of non-medical care setting vs. inpatient specialty care setting

^emix refers to the model coefficient for comparison of Inpatient/outpatient mixed setting vs. inpatient specialty care setting

^fcancer refers to the model coefficient for comparison of participants diagnosed with cancer vs. participants not diagnosed with cancer

^gQ.D1.B refers to the model coefficient for comparison of participants had “low” rating on QUADAS-2 Domain 1-Overall risk of bias vs. “unclear” or “high”.

^hQ.D2.A refers to the model coefficient for comparison of participants had “low” rating on QUADAS-2 Domain 2-Applicability concerns vs. “unclear” or “high”.

ⁱQ.D3.A refers to the model coefficient for comparison of participants had “low” rating on QUADAS-2 Domain 3-Applicability concerns vs. “unclear” or “high”.

^jQ.D3.B refers to the model coefficient for comparison of participants had “low” rating on QUADAS-2 Domain 3-Overall risk of bias vs. “unclear” or “high”.

^kQ.D4.B refers to the model coefficient for comparison of participants had “low” rating on QUADAS-2 Domain 4-Overall risk of bias vs. “unclear” or “high”.

^ld1 corresponds to the model coefficient for logit(sensitivity)

Supplementary Table F2. Coefficients and p-values for one-stage meta-regressions assessing interactions between subgrouping variables and logit(sensitivity) and logit(1 – specificity), among studies used a fully structured reference standard

Cutoff	5		6		7		8		9		10		11		12		13		14		15	
Estimate	te	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value
d0 ^a	-1.738	0.035	-1.929	0.017	-2.076	0.000	-3.667	0.000	-3.763	0.001	-4.410	0.000	-5.347	0.000	-5.445	0.000	-5.161	0.004	-18.024	0.992	-18.185	0.992
d0age	-0.003	0.287	-0.001	0.839	-0.001	0.848	0.000	0.964	0.002	0.528	0.002	0.558	0.001	0.840	-0.004	0.448	-0.007	0.248	-0.004	0.592	0.010	0.330
d0male ^b	-0.223	0.001	-0.232	0.001	-0.270	0.000	-0.285	0.000	-0.290	0.001	-0.209	0.029	-0.198	0.066	-0.279	0.029	-0.100	0.508	-0.159	0.393	-0.190	0.438
d0setting.out ^c	0.881	0.284	0.791	0.318	0.483	0.321	1.122	0.192	1.073	0.303	0.951	0.155	1.009	0.233	0.500	0.633	-0.189	0.890	-14.415	0.993	-13.855	0.993
d0cancer ^d	-0.045	0.583	0.001	0.987	-0.005	0.958	-0.012	0.900	-0.058	0.587	-0.054	0.656	-0.160	0.236	-0.054	0.737	0.011	0.956	-0.411	0.080	-0.493	0.137
d0.Q.D1.B ^e	-8.461	0.654	-8.251	0.480	-10.412	0.810	-4.026	0.025	-3.068	0.092	-2.515	0.099	-1.116	0.474	-9.097	0.898	-7.938	0.991	-34.717	1.000	-27.370	1.000
d0.Q.D3.A ^f	0.247	0.619	-0.004	0.994	0.294	0.292	0.551	0.345	0.104	0.882	0.648	0.169	0.930	0.150	0.320	0.697	0.267	0.777	-13.479	0.993	-13.106	0.994
d0.Q.D3.B ^g	0.883	0.068	0.876	0.063	0.556	0.045	1.350	0.018	1.249	0.073	0.904	0.059	1.174	0.077	0.683	0.416	0.672	0.485	-13.504	0.993	-13.428	0.993
d0.Q.D4.B ^h	1.372	0.007	1.353	0.008	0.934	0.001	2.085	0.002	2.129	0.010	1.640	0.002	2.156	0.006	2.542	0.018	2.028	0.082	28.763	0.991	27.688	0.991
d1 ⁱ	2.317	0.000	2.219	0.001	1.923	0.000	3.402	0.000	3.061	0.003	2.829	0.001	3.504	0.006	3.380	0.021	2.808	0.108	15.545	0.993	15.082	0.994
d1age	-0.595	0.238	-0.718	0.159	-0.413	0.131	-1.456	0.025	-1.338	0.101	-0.694	0.148	-0.978	0.146	-0.315	0.711	-0.332	0.733	13.330	0.993	12.600	0.994
d1male	15.672	0.677	16.074	0.489	17.465	0.840	3.455	0.049	2.238	0.202	0.553	0.678	-1.460	0.287	-1.616	0.322	-2.769	0.128	-4.146	1.000	-24.091	1.000
d1setting.out	0.012	0.514	-0.006	0.730	-0.001	0.937	0.012	0.375	0.016	0.203	0.003	0.791	0.003	0.817	-0.004	0.776	0.000	0.990	0.022	0.246	0.038	0.153
d1cancer	0.140	0.768	0.119	0.780	0.372	0.333	0.282	0.405	0.269	0.367	0.609	0.031	0.397	0.165	0.634	0.044	0.599	0.079	1.671	0.000	1.760	0.004
d1.Q.D1.B	-0.037	0.944	0.104	0.829	-0.246	0.557	-0.190	0.630	0.014	0.969	0.209	0.561	0.559	0.136	0.477	0.254	0.605	0.205	0.950	0.102	1.874	0.058
d1.Q.D3.A	-8.723	0.644	-8.547	0.463	-9.226	0.831	-3.508	0.003	-2.806	0.017	-1.245	0.148	-1.064	0.255	-7.896	0.911	-7.744	0.992	-10.277	1.000	-1.384	1.000
d1.Q.D3.B	-7.461	0.692	-7.667	0.510	-9.154	0.832	-1.839	0.071	-1.781	0.088	-1.173	0.152	-0.359	0.689	-7.835	0.912	-7.170	0.992	-10.060	1.000	-1.144	1.000
d1.Q.D4.B	-6.147	0.744	-5.781	0.620	-6.483	0.881	-0.226	0.824	-0.080	0.940	0.010	0.990	0.746	0.398	7.613	0.915	7.483	0.992	9.332	1.000	0.143	1.000

^ad0 corresponds to the model coefficient for logit(1 – specificity)

^bmale refers to the model coefficient for comparison of male vs. female

^coutp refers to the model coefficient for comparison of outpatient specialty care setting vs. inpatient specialty care setting

^dcancer refers to the model coefficient for comparison of participants diagnosed with cancer vs. participants not diagnosed with cancer

^eQ.D1.B refers to the model coefficient for comparison of participants had “low” rating on QUADAS-2 Domain 1-Overall risk of bias vs. “unclear” or “high”.

^fQ.D3.A refers to the model coefficient for comparison of participants had “low” rating on QUADAS-2 Domain 3-Applicability concerns vs. “unclear” or “high”.

^gQ.D3.B refers to the model coefficient for comparison of participants had “low” rating on QUADAS-2 Domain 3-Overall risk of bias vs. “unclear” or “high”.

^hQ.D4.B refers to the model coefficient for comparison of participants had “low” rating on QUADAS-2 Domain 4-Overall risk of bias vs. “unclear” or “high”.
ⁱd1 corresponds to the model coefficient for logit(sensitivity)

Supplementary Table F3. Coefficients and p-values for one-stage meta-regressions assessing interactions between subgrouping variables and logit(sensitivity) and logit(1 – specificity), among studies used the MINI

Cutoff	5		6		7		8		9		10		11		12		13		14		15	
	Estima		Estima		Estima		Estima		Estima		Estima		Estima		Estima		Estima		Estima		Estima	
	te	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value
d0 ^a	-0.631	0.001	-1.134	0.000	-1.737	0.000	-2.215	0.000	-2.847	0.000	-3.127	0.000	-3.696	0.000	-3.935	0.000	-4.234	0.000	-4.665	0.000	-4.835	0.000
d0age	0.008	0.000	0.008	0.000	0.010	0.000	0.010	0.000	0.013	0.000	0.011	0.005	0.014	0.002	0.012	0.032	0.011	0.088	0.011	0.162	0.007	0.494
d0male ^b	-0.301	0.000	-0.259	0.000	-0.238	0.000	-0.300	0.000	-0.460	0.000	-0.481	0.000	-0.636	0.000	-0.693	0.000	-0.808	0.000	-0.729	0.001	-0.558	0.038
d0setting.out ^c	0.055	0.844	0.080	0.788	0.113	0.697	0.088	0.784	-0.253	0.524	-0.052	0.901	-0.266	0.569	0.052	0.926	0.393	0.537	0.794	0.261	1.383	0.101
d0setting.non ^d	0.028	0.854	-0.083	0.613	-0.078	0.627	-0.102	0.566	-0.095	0.654	-0.142	0.531	-0.217	0.375	-0.315	0.306	-0.767	0.041	-0.989	0.031	-1.209	0.043
d0setting.mix ^e	0.111	0.645	0.034	0.897	0.136	0.587	0.051	0.850	-0.021	0.949	0.102	0.762	0.216	0.538	-0.031	0.946	-0.375	0.478	-0.328	0.587	-1.102	0.223
d0cancer ^f	-0.502	0.242	-0.694	0.136	-0.809	0.091	-0.912	0.098	-0.918	0.158	-1.138	0.128	-2.043	0.064	-1.611	0.166	-1.237	0.298	-11.535	0.892	-11.042	0.960
d0.Q.D1.B ^g	-0.177	0.434	-0.092	0.715	-0.249	0.313	-0.192	0.479	-0.312	0.342	-0.567	0.113	-0.626	0.112	-0.869	0.087	-1.367	0.027	-1.104	0.099	-1.674	0.087
d0.Q.D2.A ^h	-0.160	0.353	0.036	0.845	0.081	0.653	0.131	0.507	0.201	0.397	0.312	0.221	0.483	0.081	0.377	0.276	0.330	0.419	0.299	0.533	0.237	0.693
d0.Q.D3.A ⁱ	-0.200	0.184	-0.187	0.248	-0.153	0.325	-0.080	0.638	-0.122	0.551	-0.134	0.533	-0.112	0.617	-0.204	0.472	-0.081	0.801	-0.067	0.858	0.027	0.954
d0.Q.D3.B ^j	-0.116	0.467	-0.065	0.707	-0.046	0.782	-0.094	0.609	-0.030	0.890	0.048	0.837	0.122	0.625	-0.039	0.903	-0.219	0.560	-0.324	0.453	-0.412	0.433
d0.Q.D4.B ^k	-0.015	0.914	-0.109	0.481	-0.006	0.968	0.004	0.983	0.050	0.797	0.145	0.481	0.159	0.468	0.256	0.349	0.458	0.144	0.648	0.077	0.554	0.226
d1 ^l	0.072	0.655	0.057	0.742	0.123	0.468	0.217	0.233	0.343	0.116	0.192	0.409	0.100	0.690	0.193	0.539	0.053	0.883	-0.020	0.961	-0.398	0.477
d1age	1.609	0.006	1.225	0.010	0.453	0.309	-0.274	0.529	-0.920	0.027	-1.407	0.001	-1.633	0.000	-2.375	0.000	-2.950	0.000	-3.744	0.000	-3.879	0.000
d1male	0.007	0.339	0.008	0.196	0.011	0.066	0.015	0.008	0.017	0.001	0.017	0.001	0.016	0.005	0.019	0.001	0.019	0.002	0.024	0.001	0.019	0.018
d1setting.out	0.081	0.698	-0.112	0.529	-0.265	0.093	-0.219	0.135	-0.206	0.136	-0.206	0.132	-0.073	0.601	0.042	0.774	-0.108	0.498	-0.036	0.835	0.106	0.587
d1setting.non	-0.245	0.684	0.191	0.700	0.296	0.540	0.338	0.487	0.103	0.816	0.185	0.669	0.462	0.289	0.270	0.564	-0.024	0.962	-0.137	0.797	-0.306	0.616
d1setting.mix	0.244	0.516	0.072	0.804	0.159	0.582	0.220	0.448	0.112	0.675	-0.108	0.681	-0.314	0.242	-0.137	0.640	-0.050	0.877	0.156	0.649	-0.012	0.974
d1cancer	-0.505	0.414	-0.790	0.115	-0.741	0.137	-0.347	0.500	-0.486	0.322	-0.374	0.448	-0.062	0.900	0.297	0.575	0.500	0.376	0.184	0.771	0.167	0.813
d1.Q.D1.B	-1.439	0.106	-1.086	0.128	-0.633	0.385	-0.445	0.559	-1.402	0.073	-1.341	0.102	-2.220	0.054	-1.860	0.114	-1.508	0.206	-0.850	0.479	-0.427	0.730
d1.Q.D2.A	0.090	0.882	-0.008	0.987	0.288	0.571	0.015	0.976	0.249	0.581	0.392	0.377	0.615	0.171	0.948	0.049	0.809	0.114	0.511	0.342	0.599	0.303
d1.Q.D3.A	0.308	0.453	-0.003	0.993	-0.072	0.815	0.004	0.989	0.130	0.653	0.173	0.542	0.124	0.668	0.300	0.344	0.493	0.156	0.374	0.302	0.380	0.351
d1.Q.D3.B	-0.408	0.234	-0.265	0.314	-0.070	0.793	-0.159	0.558	-0.003	0.992	0.183	0.461	0.289	0.248	0.244	0.371	0.175	0.550	0.169	0.586	0.148	0.657

d1.Q.D4.B	-0.243	0.516	-0.307	0.290	-0.274	0.339	-0.229	0.439	-0.182	0.508	-0.102	0.707	-0.196	0.480	-0.343	0.269	-0.150	0.654	-0.033	0.921	0.173	0.639
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^ad0 corresponds to the model coefficient for logit(1 – specificity)

^bmale refers to the model coefficient for comparison of male vs. female

^coutp refers to the model coefficient for comparison of outpatient specialty care setting vs. inpatient specialty care setting

^cnonmed refers to the model coefficient for comparison of non-medical care setting vs. inpatient specialty care setting

^emix refers to the model coefficient for comparison of Inpatient/outpatient mixed setting vs. inpatient specialty care setting

^fcancer refers to the model coefficient for comparison of participants diagnosed with cancer vs. participants not diagnosed with cancer

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^hQ.D2.A refers to the model coefficient for comparison of participants had “low” rating on QUADAS-2 Domain 2-Applicability concerns vs. “unclear” or “high”.

ⁱQ.D3.A refers to the model coefficient for comparison of participants had “low” rating on QUADAS-2 Domain 3-Applicability concerns vs. “unclear” or “high”.

^jQ.D3.B refers to the model coefficient for comparison of participants had “low” rating on QUADAS-2 Domain 3-Overall risk of bias vs. “unclear” or “high”.

^kQ.D4.B refers to the model coefficient for comparison of participants had “low” rating on QUADAS-2 Domain 4-Overall risk of bias vs. “unclear” or “high”.

^ld1 corresponds to the model coefficient for logit(sensitivity)

Supplementary Table G1. Coefficients and p-values for one-stage meta-regressions assessing interactions between subgrouping variables, countries, and logit(sensitivity) and logit(1 – specificity), among countries had > 500 participants and studies used a semi-structured reference standard

Cutoff	5		6		7		8		9		10		11		12		13		14		15	
	Estimate		Estimate		Estimate		Estimate		Estimate		Estimate		Estimate		Estimate		Estimate		Estimate		Estimate	
	te	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value
d0 ^a	-0.679	0.001	-1.074	0.000	-1.359	0.000	-1.609	0.000	-2.074	0.000	-2.313	0.000	-2.901	0.000	-3.568	0.000	-3.794	0.000	-3.396	0.000	-4.386	0.000
d0age	0.005	0.008	0.005	0.023	0.002	0.374	0.000	0.862	0.001	0.674	-0.003	0.342	-0.001	0.739	0.005	0.262	0.004	0.543	-0.003	0.621	0.014	0.119
d0male ^b	-0.087	0.144	-0.099	0.111	-0.086	0.204	-0.125	0.091	-0.086	0.302	-0.113	0.237	-0.003	0.976	0.090	0.497	0.087	0.585	0.163	0.404	-0.289	0.284
d0setting.out ^c	-0.196	0.084	-0.201	0.092	-0.181	0.172	-0.210	0.109	-0.162	0.288	-0.143	0.389	-0.123	0.525	-0.247	0.304	-0.338	0.214	-0.651	0.082	-1.400	0.054
d0setting.non ^d	-0.317	0.206	-0.370	0.166	-0.250	0.390	-0.534	0.076	-0.395	0.264	-0.571	0.159	-0.304	0.509	-0.147	0.797	-0.214	0.749	-0.476	0.549	-0.857	0.517
d0setting.mix ^e	-0.251	0.277	-0.397	0.103	-0.384	0.153	-0.457	0.097	-0.280	0.373	-0.397	0.261	-0.348	0.392	-0.920	0.080	-0.768	0.175	-1.431	0.085	-1.471	0.243
d0cancer ^f	0.013	0.930	-0.058	0.710	-0.194	0.252	-0.140	0.415	0.023	0.907	-0.098	0.647	-0.012	0.962	-0.338	0.281	-0.222	0.531	-0.778	0.129	-1.303	0.213
d0.Q.D1.B ^g	0.088	0.449	0.171	0.160	0.179	0.174	0.177	0.184	0.098	0.524	0.173	0.292	0.144	0.439	0.266	0.226	0.260	0.298	0.022	0.940	-0.394	0.329
d0.Q.D2.A ^h	-1.135	0.055	-0.782	0.216	-1.296	0.127	-0.675	0.428	-0.513	0.566	-0.281	0.807	-0.442	0.711	0.044	0.973	-16.222	0.903	-14.972	0.997	-14.004	0.997
d0.Q.D3.A ⁱ	-0.213	0.241	-0.220	0.247	-0.224	0.280	-0.243	0.242	-0.315	0.192	-0.422	0.106	-0.223	0.443	-0.316	0.378	-0.404	0.306	-0.855	0.107	-0.716	0.452
d0.Q.D3.B ^j	-0.207	0.083	-0.243	0.052	-0.323	0.019	-0.343	0.013	-0.348	0.029	-0.452	0.008	-0.558	0.005	-0.830	0.001	-0.905	0.001	-1.277	0.000	-1.994	0.001
d0.Q.D4.B ^k	-0.231	0.049	-0.187	0.127	-0.156	0.244	-0.176	0.196	-0.261	0.099	-0.174	0.301	-0.176	0.362	-0.223	0.347	-0.273	0.319	-0.202	0.547	-0.194	0.746
d0Germany ^l	0.697	0.000	0.718	0.000	0.892	0.000	0.928	0.000	0.906	0.000	1.166	0.000	1.262	0.000	1.386	0.000	1.287	0.000	1.565	0.000	2.364	0.000
d0Spain	0.377	0.039	0.467	0.014	0.478	0.022	0.585	0.005	0.691	0.004	0.830	0.001	0.924	0.002	1.412	0.000	1.460	0.000	1.725	0.000	2.658	0.002
d0Norway	-1.035	0.009	-1.296	0.003	-1.681	0.001	-1.539	0.005	-1.586	0.015	-1.812	0.037	-2.475	0.032	-2.336	0.056	-16.623	0.957	-15.693	0.992	-14.974	0.992
d0Japan	1.304	0.000	1.402	0.000	1.639	0.000	1.721	0.000	1.562	0.000	2.089	0.000	1.634	0.000	1.946	0.001	1.952	0.003	2.934	0.001	3.352	0.060
d1 ^m	3.269	0.000	2.409	0.001	1.819	0.005	0.932	0.118	0.108	0.852	-0.241	0.643	-0.090	0.852	-0.713	0.161	-1.319	0.020	-1.879	0.001	-2.031	0.001
d1age	-0.003	0.698	0.001	0.866	-0.003	0.685	0.008	0.266	0.010	0.141	0.006	0.293	-0.002	0.733	-0.002	0.771	-0.001	0.927	-0.006	0.362	-0.004	0.602
d1male	-0.014	0.959	0.297	0.244	0.085	0.693	0.055	0.781	0.142	0.442	0.067	0.701	0.005	0.977	0.011	0.951	0.091	0.631	0.362	0.078	0.174	0.447
d1setting.out	-0.211	0.580	-0.005	0.988	0.076	0.798	-0.001	0.997	0.041	0.876	-0.127	0.600	-0.033	0.891	-0.049	0.847	-0.012	0.964	0.116	0.696	-0.092	0.778
d1setting.non	-0.874	0.138	-1.039	0.068	-1.082	0.031	-1.163	0.013	-1.146	0.016	-1.320	0.003	-1.257	0.006	-1.546	0.006	-1.467	0.023	-1.328	0.064	-2.026	0.068

d1setting.mix	0.554	0.425	0.607	0.322	0.147	0.767	0.047	0.920	-0.128	0.779	-0.203	0.639	0.000	0.999	-0.248	0.611	-0.611	0.285	-0.445	0.470	-0.592	0.398
d1cancer	0.418	0.395	0.411	0.355	0.027	0.945	-0.147	0.677	-0.385	0.255	-0.471	0.138	-0.555	0.077	-0.699	0.039	-0.552	0.123	-0.707	0.067	-0.498	0.246
d1.Q.D1.B	-0.665	0.108	-0.806	0.034	-0.399	0.243	-0.439	0.165	-0.092	0.760	-0.032	0.908	-0.130	0.620	0.210	0.444	0.232	0.418	0.420	0.166	0.394	0.240
d1.Q.D2.A	-3.330	0.023	-2.686	0.060	-1.044	0.446	-0.514	0.702	0.150	0.912	0.968	0.464	-12.405	0.989	-13.475	0.996	-16.532	0.949	-16.036	0.999	-15.623	0.999
d1.Q.D3.A	-1.056	0.023	-1.110	0.008	-1.360	0.000	-1.408	0.000	-1.194	0.002	-1.151	0.002	-1.147	0.002	-1.040	0.011	-0.700	0.102	-0.430	0.343	-0.243	0.636
d1.Q.D3.B	-0.634	0.083	-0.260	0.432	-0.174	0.555	-0.269	0.321	-0.032	0.900	0.103	0.668	-0.011	0.962	0.033	0.895	0.102	0.703	0.183	0.522	0.158	0.632
d1.Q.D4.B	-0.529	0.164	-0.406	0.239	0.007	0.981	0.121	0.658	0.124	0.638	0.370	0.130	0.218	0.353	0.267	0.289	0.195	0.461	0.359	0.197	0.062	0.842
d1Germany	0.699	0.088	0.312	0.388	0.448	0.141	0.551	0.051	0.641	0.017	0.721	0.003	0.836	0.000	0.945	0.000	1.060	0.000	1.147	0.000	1.117	0.000
d1Spain	0.412	0.474	0.436	0.422	0.815	0.093	1.360	0.003	0.863	0.035	0.895	0.015	0.843	0.017	0.591	0.108	0.510	0.187	0.320	0.445	0.141	0.772
d1Norway	0.589	0.520	0.884	0.297	0.761	0.337	1.084	0.171	0.752	0.364	0.241	0.801	-12.854	0.981	-14.402	0.992	-17.283	0.954	-17.073	0.998	-16.488	0.998
d1Japan	0.190	0.858	-0.062	0.947	1.366	0.124	1.873	0.031	2.467	0.005	2.892	0.000	2.514	0.001	2.946	0.000	2.523	0.002	2.595	0.002	2.548	0.004

^ad0 corresponds to the model coefficient for $\text{logit}(1 - \text{specificity})$

^bmale refers to the model coefficient for comparison of male vs. female

^coutp refers to the model coefficient for comparison of outpatient specialty care setting vs. inpatient specialty care setting

^enonmed refers to the model coefficient for comparison of non-medical care setting vs. inpatient specialty care setting

^emix refers to the model coefficient for comparison of Inpatient/outpatient mixed setting vs. inpatient specialty care setting

^fcancer refers to the model coefficient for comparison of participants diagnosed with cancer vs. participants not diagnosed with cancer

^gQ.D1.B refers to the model coefficient for comparison of participants had “low” rating on QUADAS-2 Domain 1-Overall risk of bias vs. “unclear” or “high”.

^hQ.D2.A refers to the model coefficient for comparison of participants had “low” rating on QUADAS-2 Domain 2-Applicability concerns vs. “unclear” or “high”.

ⁱQ.D3.A refers to the model coefficient for comparison of participants had “low” rating on QUADAS-2 Domain 3-Applicability concerns vs. “unclear” or “high”.

^jQ.D3.B refers to the model coefficient for comparison of participants had “low” rating on QUADAS-2 Domain 3-Overall risk of bias vs. “unclear” or “high”.

^kQ.D4.B refers to the model coefficient for comparison of participants had “low” rating on QUADAS-2 Domain 4-Overall risk of bias vs. “unclear” or “high”.

^lAll country variables refer to the model coefficient for comparison of that country vs. English speaking countries (including Australia and UK here).

^md1 corresponds to the model coefficient for $\text{logit}(\text{sensitivity})$

Supplementary Table G2. Coefficients and p-values for one-stage meta-regressions assessing interactions between subgrouping variables, countries, and logit(sensitivity) and logit(1 – specificity), among countries had > 500 participants and studies used the MINI

Cutoff	5		6		7		8		9		10		11		12		13		14		15	
	Estimate																					
	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value	Estimate	p-value
d0 ^a	-0.494	0.233	-1.021	0.016	-1.900	0.000	-2.657	0.000	-3.109	0.000	-3.272	0.000	-3.123	0.000	-3.331	0.001	-3.585	0.002	-7.301	0.000	-7.337	0.001
d0age	0.007	0.003	0.008	0.003	0.012	0.000	0.014	0.000	0.017	0.000	0.016	0.001	0.015	0.007	0.015	0.025	0.014	0.096	0.019	0.047	0.020	0.106
d0male ^b	-0.282	0.000	-0.271	0.000	-0.230	0.003	-0.300	0.001	-0.430	0.000	-0.435	0.000	-0.666	0.000	-0.751	0.000	-0.922	0.000	-0.816	0.001	-0.559	0.076
d0setting.out ^c	-0.130	0.678	-0.255	0.423	-0.164	0.621	-0.056	0.884	-0.195	0.660	-0.398	0.432	-0.936	0.170	-1.145	0.150	-1.462	0.110	-1.741	0.218	-1.690	0.228
d0cancer ^f	-1.261	0.123	-1.113	0.176	-1.928	0.019	-1.992	0.032	-2.272	0.031	-2.431	0.043	-3.472	0.038	-16.209	0.982	-18.200	0.763	-21.077	0.986	-22.480	0.805
d0.Q.D1.B ^g	-0.770	0.009	-0.614	0.040	-0.530	0.081	-0.419	0.232	-0.758	0.064	-0.748	0.102	-1.078	0.073	-1.305	0.065	-1.335	0.105	-3.046	0.093	-3.463	0.066
d0.Q.D2.A ^h	0.235	0.527	0.290	0.455	0.391	0.337	0.260	0.583	0.268	0.640	0.349	0.589	1.094	0.235	0.885	0.412	0.586	0.630	1.492	0.405	1.639	0.364
d0.Q.D3.A ⁱ	-1.473	0.037	-1.304	0.071	-1.772	0.018	-1.545	0.071	-1.672	0.097	-1.920	0.098	-3.395	0.047	-15.884	0.982	-17.034	0.778	-18.962	0.987	-20.053	0.826
d0.Q.D3.B ^j	0.288	0.300	0.241	0.392	0.535	0.058	0.582	0.068	0.599	0.096	0.579	0.155	0.711	0.176	0.782	0.188	0.965	0.158	3.032	0.087	2.801	0.124
d0.Q.D4.B ^k	0.262	0.377	0.289	0.339	0.302	0.329	0.421	0.236	0.720	0.077	0.446	0.345	0.147	0.816	0.169	0.814	0.265	0.747	3.224	0.066	3.048	0.086
d0Lithuania ^l	1.040	0.092	0.938	0.133	1.331	0.036	1.261	0.083	1.304	0.121	1.424	0.141	2.331	0.097	14.700	0.983	15.692	0.795	18.622	0.987	19.282	0.833
d0Spain	1.364	0.165	1.137	0.264	1.486	0.166	1.005	0.423	1.466	0.322	2.392	0.154	5.082	0.034	17.528	0.980	6.183	0.957	10.366	0.994	9.933	0.941
d0Norway	0.100	0.833	0.129	0.787	0.321	0.505	0.499	0.369	0.414	0.510	0.275	0.693	-0.286	0.746	-0.514	0.604	-0.843	0.444	2.467	0.214	1.500	0.471
d0Korea	0.922	0.219	0.803	0.287	1.466	0.055	1.608	0.066	1.674	0.091	1.711	0.128	1.995	0.199	14.485	0.984	16.223	0.788	20.481	0.986	20.970	0.818
d0Japan	-1.263	0.039	-1.316	0.040	-1.606	0.019	-1.405	0.075	-1.778	0.062	-1.776	0.102	-2.940	0.069	-2.986	0.110	-2.516	0.213	-1.997	0.494	-2.048	0.488
d1 ^m	-0.174	0.876	-0.407	0.647	-0.682	0.378	-0.953	0.215	-2.769	0.000	-2.434	0.001	-2.719	0.001	-3.596	0.000	-4.265	0.000	-4.155	0.000	-3.734	0.002
d1age	0.030	0.010	0.018	0.059	0.020	0.014	0.026	0.000	0.031	0.000	0.026	0.000	0.021	0.003	0.025	0.001	0.026	0.002	0.028	0.002	0.023	0.022
d1male	-0.038	0.896	-0.394	0.102	-0.536	0.010	-0.450	0.019	-0.304	0.090	-0.295	0.093	-0.091	0.612	0.126	0.509	-0.105	0.611	-0.127	0.566	0.000	0.999
d1setting.out	1.122	0.141	1.215	0.054	0.876	0.118	0.663	0.237	1.433	0.010	0.791	0.156	0.711	0.259	0.815	0.235	0.865	0.260	0.652	0.385	-0.130	0.878
d1cancer	-19.487	0.811	-4.897	0.022	-4.330	0.019	-6.569	0.001	-6.924	0.000	-6.231	0.000	-6.143	0.001	-20.767	0.992	-22.796	0.330	-21.095	0.995	-23.112	0.685
d1.Q.D1.B	-0.766	0.388	-0.158	0.803	-0.548	0.303	-1.006	0.065	-0.565	0.266	-0.648	0.182	-0.669	0.187	-0.374	0.478	0.100	0.863	-0.319	0.575	-0.748	0.282
d1.Q.D2.A	0.424	0.740	-0.878	0.376	-0.979	0.226	-0.425	0.584	-0.349	0.623	0.248	0.709	-0.028	0.968	-0.070	0.922	0.030	0.968	0.059	0.939	0.678	0.459
d1.Q.D3.A	-17.516	0.830	-2.638	0.178	-1.647	0.315	-3.512	0.038	-3.772	0.017	-3.780	0.012	-3.696	0.024	-19.295	0.993	-21.116	0.366	-19.219	0.996	-21.579	0.705

d1.Q.D3.B	2.256	0.036	1.126	0.134	1.094	0.087	1.517	0.022	2.118	0.001	2.083	0.001	1.693	0.004	1.748	0.003	1.786	0.004	1.776	0.003	1.532	0.018
d1.Q.D4.B	-0.121	0.895	0.821	0.230	0.908	0.111	0.433	0.437	0.541	0.289	-0.001	0.998	0.235	0.653	0.246	0.651	0.230	0.701	0.259	0.662	0.128	0.857
d1Lithuania	16.091	0.844	2.808	0.043	1.693	0.162	2.619	0.044	3.194	0.010	2.633	0.031	2.950	0.042	18.730	0.993	20.855	0.372	18.619	0.996	20.769	0.715
d1Spain	18.700	0.819	2.356	0.381	1.784	0.421	4.115	0.064	4.037	0.050	4.639	0.017	3.651	0.079	19.068	0.993	20.720	0.376	19.247	0.996	22.649	0.691
d1Norway	13.601	0.868	1.804	0.109	1.181	0.206	0.861	0.352	1.929	0.028	1.291	0.135	1.499	0.117	2.215	0.030	2.623	0.020	1.479	0.200	1.238	0.321
d1Korea	17.458	0.830	4.816	0.003	3.928	0.007	4.507	0.003	5.843	0.000	5.078	0.001	5.536	0.001	20.823	0.992	23.001	0.326	20.566	0.995	21.847	0.701
d1Japan	-0.559	0.835	2.065	0.318	1.254	0.445	-0.467	0.764	-0.197	0.890	-1.351	0.303	-0.626	0.634	-0.353	0.793	-0.089	0.951	-0.479	0.739	-1.202	0.488

^ad0 corresponds to the model coefficient for logit(1 – specificity)

^bmale refers to the model coefficient for comparison of male vs. female

^coutp refers to the model coefficient for comparison of outpatient specialty care setting vs. inpatient specialty care setting

^cnonmed refers to the model coefficient for comparison of non-medical care setting vs. inpatient specialty care setting

^emix refers to the model coefficient for comparison of Inpatient/outpatient mixed setting vs. inpatient specialty care setting

^fcancer refers to the model coefficient for comparison of participants diagnosed with cancer vs. participants not diagnosed with cancer

^gQ.D1.B refers to the model coefficient for comparison of participants had “low” rating on QUADAS-2 Domain 1-Overall risk of bias vs. “unclear” or “high”.

^hQ.D2.A refers to the model coefficient for comparison of participants had “low” rating on QUADAS-2 Domain 2-Applicability concerns vs. “unclear” or “high”.

ⁱQ.D3.A refers to the model coefficient for comparison of participants had “low” rating on QUADAS-2 Domain 3-Applicability concerns vs. “unclear” or “high”.

^jQ.D3.B refers to the model coefficient for comparison of participants had “low” rating on QUADAS-2 Domain 3-Overall risk of bias vs. “unclear” or “high”.

^kQ.D4.B refers to the model coefficient for comparison of participants had “low” rating on QUADAS-2 Domain 4-Overall risk of bias vs. “unclear” or “high”.

^lAll country variables refer to the model coefficient for comparison of that country vs. English speaking countries (including Australia, English speaking Canada, and UK here).

^md1 corresponds to the model coefficient for logit(sensitivity)

Supplementary Table H1. Comparison of sensitivity and specificity estimates between HADS-D and HADS-T for pairs of optimal cutoffs and cutoffs close to the optimal cutoffs among participants from Germany^a

HADS-D ^a					HADS-T					HADS-T – HADS-D			
Cutoff	Sensitivity	95% CI	Specificity	95% CI	Cutoff	Sensitivity	95% CI	Specificity	95% CI	Sensitivity	95% CI	Specificity	95% CI
5	0.93	(0.88, 0.96)	0.48	(0.43, 0.53)	11	0.95	(0.91, 0.98)	0.50	(0.43, 0.57)	0.02	(-0.02, 0.05)	0.02	(-0.02, 0.06)
6	0.90	(0.85, 0.94)	0.58	(0.53, 0.63)	13	0.93	(0.88, 0.96)	0.60	(0.53, 0.66)	0.03	(-0.02, 0.08)	0.03	(-0.03, 0.05)
7 ^b	0.86	(0.79, 0.91)	0.67	(0.62, 0.71)	15	0.89	(0.84, 0.93)	0.70	(0.63, 0.75)	0.03	(-0.05, 0.09)	0.03	(-0.00, 0.06)
8	0.82	(0.75, 0.87)	0.74	(0.70, 0.78)	17	0.87	(0.77, 0.93)	0.79	(0.74, 0.83)	0.05	(-0.04, 0.15)	0.05	(0.02, 0.07)
9	0.75	(0.66, 0.82)	0.81	(0.77, 0.84)	19	0.77	(0.67, 0.85)	0.85	(0.8, 0.89)	0.02	(-0.07, 0.10)	0.04	(0.01, 0.07)
10	0.66	(0.57, 0.73)	0.85	(0.82, 0.88)	21	0.63	(0.53, 0.72)	0.90	(0.85, 0.93)	-0.03	(-0.10, 0.04)	0.05	(0.02, 0.07)
11	0.57	(0.47, 0.67)	0.89	(0.87, 0.91)	23	0.51	(0.4, 0.61)	0.93	(0.9, 0.96)	-0.06	(-0.17, 0.01)	0.04	(0.03, 0.06)

^aN Studies = 11; N Participants = 4949; N major depression = 336

^bThe cutoff minimized the values of the distance to the top-left corner of the ROC curves for HADS-T was ≥ 8 , but in order to be consistent with the overall analysis, we kept the same sets of paired cutoffs for comparison.

^cThe cutoff minimized the values of the distance to the top-left corner of the ROC curves for HADS-T was ≥ 18 , but in order to be consistent with the overall analysis, we kept the same sets of paired cutoffs for comparison.

Supplementary Table H2. Comparison of sensitivity and specificity estimates between HADS-D and HADS-T for pairs of optimal cutoffs and cutoffs close to the optimal cutoffs among participants from Spain^a

HADS-D ^a					HADS-T					HADS-T – HADS-D			
Cutoff	Sensitivity	95% CI	Specificity	95% CI	Cutoff	Sensitivity	95% CI	Specificity	95% CI	Sensitivity	95% CI	Specificity	95% CI
5	0.89	(0.75, 0.96)	0.59	(0.50, 0.68)	11	0.89	(0.82, 0.94)	0.54	(0.45, 0.63)	0.00	(-0.08, 0.10)	-0.05	(-0.10, 0.00)
6	0.87	(0.70, 0.95)	0.68	(0.59, 0.76)	13	0.85	(0.76, 0.91)	0.68	(0.58, 0.77)	-0.02	(-0.15, 0.15)	0.00	(-0.05, 0.07)
7 ^b	0.84	(0.64, 0.94)	0.77	(0.69, 0.84)	15 ^c	0.75	(0.67, 0.82)	0.79	(0.67, 0.88)	-0.09	(-0.28, 0.11)	0.02	(-0.03, 0.13)
8	0.76	(0.54, 0.90)	0.83	(0.76, 0.88)	17	0.65	(0.57, 0.73)	0.84	(0.75, 0.9)	-0.09	(-0.37, 0.13)	0.01	(-0.03, 0.08)
9	0.65	(0.50, 0.78)	0.87	(0.81, 0.91)	19	0.52	(0.4, 0.65)	0.87	(0.82, 0.91)	-0.13	(-0.34, 0.14)	0.00	(-0.03, 0.04)
10	0.55	(0.41, 0.68)	0.91	(0.87, 0.94)	21	0.38	(0.25, 0.54)	0.92	(0.88, 0.95)	-0.17	(-0.38, 0.10)	0.01	(-0.02, 0.04)
11	0.41	(0.24, 0.60)	0.93	(0.90, 0.95)	23	0.29	(0.19, 0.42)	0.94	(0.91, 0.97)	-0.12	(-0.33, 0.16)	0.01	(-0.01, 0.03)

^a N Studies = 8; N Participants = 1277; N major depression = 135

^b The cutoff minimizes the values of the distance to the top-left corner of the ROC curves for HADS-D.

^c The cutoff minimized the values of the distance to the top-left corner of the ROC curves for HADS-T was ≥ 14 , but in order to be consistent with the overall analysis, we kept the same sets of paired cutoffs for comparison.

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