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Supplementary Material

Article Title: High-Frequency Repetitive Transcranial Magnetic Stimulation Accelerates and Enhances the Clinical Response to Antidepressants in Major Depression: A Meta-Analysis of Randomized, Double-Blind and Sham-Controlled Trials

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Supplementary eSection 1. ***PREVIOUS META-ANALYSES ON rTMS FOR MAJOR DEPRESSION***

1.1 ***Excluded Randomized Controlled Trials and Main Reasons for Exclusion (Supplementary eTable 1)***

Supplementary eTable 1. Previous meta-analyses on rTMS for major depression: excluded randomized controlled trials and main reasons for exclusion.

Reference	Reason for Exclusion (example)
2008	
Fitzgerald et al[1]	n=60, but active rTMS primed by twenty 5-second, 6-Hz trains of stimulation
Jorge et al[2]	Only subjects with vascular depression
Mogg et al[3]	n=59, but rTMS used as an augmenting strategy for major depression
2007	
Anderson et al[4]	n=25, but rTMS used as an augmenting strategy for major depression
Bortolomasi et al[5]	n=19, but rTMS used as an augmenting strategy for major depression
Loo et al[6]	n=34, but rTMS used as either an augmenting strategy or a monotherapy for major depression
O'Reardon et al[7]	n=301, but rTMS used as a monotherapy for major depression
Stern et al[8]	n=25, but rTMS used as a monotherapy for major depression
2006	
Avery et al[9]	n=68, but rTMS used as a monotherapy for major depression
Fitzgerald et al[10]	n= 50, but only bilateral rTMS used as an augmenting strategy for major depression
Garcia-Toro et al[11]	n=30, but only bilateral rTMS used as an augmenting strategy for major depression
Januel et al[12]	n=27, but rTMS used as a monotherapy for major depression
McDonald et al[13]	n=62, but only bilateral rTMS used as an augmenting strategy for major depression
Moller et al[14]	n=10, but rTMS used as an augmenting strategy for major depression
2005	
Miniussi et al[15]	n=71, but rTMS used as an augmenting strategy for major depression
Rossini et al[16]	n=54, but rTMS used as an augmenting strategy for major depression
Su et al[17]	n=30, but rTMS used as an augmenting strategy for major depression
2004	
Hansen et al[18]	n=15, but rTMS used as an augmenting strategy for major depression
Hausmann et al[19]	n=41, unilateral and bilateral rTMS used as accelerating strategies, but no reported outcomes for

	unilateral rTMS
Hausmann et al[20]	n=41, but data overlap with Hausmann et al, 2004[19]
Holtzheimer et al[21]	n=14, but rTMS used as a monotherapy for major depression
Jorge et al[22]	Only subjects with post-stroke depression
Kauffmann et al[23]	n=12, but rTMS used as an augmenting strategy for major depression
Koerselman et al[24]	n=55 but rTMS used as an augmenting strategy for major depression
Mosimann et al[25]	n=24, but rTMS used as an augmenting strategy for major depression
Poulet et al[26]	n=19, but insufficient data for this meta-analysis (e.g., age, gender, baseline depression scores)
2003	
Fitzgerald et al[27]	n=60, but rTMS used as an augmenting strategy for major depression
Herwig et al[28]	n=25, but 19 subjects received rTMS as an augmenting strategy for major depression
Hoppner at al[29]	n=21, but rTMS used as an augmenting strategy for major depression
Loo et al[30]	n=19, but bilateral rTMS used as either an augmenting strategy or a monotherapy for major depression
Nahas et al[31]	n=23, but rTMS used as an augmenting strategy for major depression
2002	
Boutros et al[32]	n=21, but rTMS used as an augmenting strategy for major depression
Padberg et al[33]	n=30, but rTMS used as an augmenting strategy for major depression
2001	
Garcia-Toro et al[34]	n=35, but rTMS used as an augmenting strategy for major depression
Lisanby et al[35]	n=24, but unreported outcomes[36] (i.e., response and/or remission rates); main author contacted by email but did no reply
Manes et al[37]	n=20, but rTMS used as a monotherapy for major depression
Szuba et al[38]	n=16, but rTMS used as a monotherapy for major depression
2000	
Berman et al[39]	n=20, but rTMS used as a monotherapy for major depression
Eschweiler et al[40]	n=12, but used as an augmenting strategy for major depression
George et al[41]	n=30, but rTMS used as a monotherapy for major depression
Grunhaus et al[42]	n=40, but open-label
Pridmore[43]	n=22, but single-blind
1999	
Avery et al[44]	n=6, and rTMS used as an augmenting strategy for major depression
Kimbrell et al[45]	n=13, but rTMS used as either an augmenting strategy or a monotherapy for major depression
Klein et al[46]	n=70, rTMS used as an augmenting strategy for major depression
Loo et al[47]	n=18, but rTMS used as either an augmenting strategy or a monotherapy for major depression
Padberg et al[48]	n=18, but rTMS used as either an augmenting strategy or a monotherapy for major depression

Stikhina et al[49]	Written in Russian
1997	
George et al[50]	n=12, but rTMS used as a monotherapy for major depression
Haag et al[51]	n=18, but rTMS used as an augmenting strategy for major depression
1996	
Conca et al[52]	n=24, but not sham-controlled
Pascual-Leone et al[53]	n=17, but rTMS used as either an augmenting strategy or a monotherapy for major depression
1995	
Kolbinger et al[54]	n=10, but rTMS used as either an augmenting strategy or a monotherapy for major depression

Supplementary eSection 2. ***DATABASES SEARCH (1995-2012)***

2.1 ***Electronic Databases – Selection***

- MEDLINE: October 2008 - May 7, 2012
- EMBASE: January 1st, 1996 - May 12, 2012
- PsycINFO: January 1st, 1995 - May 12, 2012
- Cochrane Central Register of Controlled Trials (CENTRAL): January 1st, 1995 - May 12, 2012
- SCOPUS: January 1st, 1995 – May 12, 2012
- ProQuest Dissertations & Theses (PQDT): January 1st, 1995 – May 12, 2012
- Web of Science's Citations Index Expanded: Up to May 27, 2012

2.2 ***Electronic Databases – Syntaxes***

2.2.1 MEDLINE (PubMed)
An advanced search was conducted on 2012/05/07 using the following search syntax (derived from Corrao et al[55]):

("randomized controlled trial"[PT] OR ((randomized[TIAB] OR randomised[TIAB]) AND controlled[TIAB] AND trial[TIAB]))
AND ("magnetic stimulation"[TIAB] OR rTMS[TIAB]) AND depress*[TI]

This search retrieved 44 references (Figure 1).

***Supplementary eFigure* 1**. MEDLINE: search strategy.

History

Clear history

Search	Add to builder	Query	Items found	Time
#1	Add	Search **("randomized controlled trial"[PT] OR ((randomized[TIAB] OR randomised[TIAB]) AND controlled[TIAB] AND trial[TIAB])) AND ("magnetic stimulation"[TIAB] OR rTMS[TIAB]) AND depress* [TI]** Limits: **English, Publication Date from 2008/10/01 to 2012/05/07**	44	19:10:56

2.2.2 EMBASE (OVID interface)

An advanced search was conducted on 2012/05/12 using the following search syntax (derived from Wong et al[56]):

(random$.tw. or placebo$.mp. or double-blind$.tw.) and (magnetic stimulation.ti. or rtms.ti. or transcranial magnetic.ti.) and depress$.ti. and (English language and yr="1996-Current")

This search retrieved 180 references (Figure 2).

***Supplementary eFigure* 2**. EMBASE: search strategy.

# ▲	Searches	Results
1	(random$.tw. or placebo$.mp. or double-blind$.tw.) and (magnetic stimulation or rtms or transcranial magnetic).ti. and depress$.ti.	199
2	**limit 1 to (english language and yr="1996 -Current")**	**180**

2.2.3 PsycINFO (OVID interface)

An advanced search was conducted on 2012/05/12 using the following syntax (derived from Wong et al[56]):

(random$.tw. or placebo$.mp. or double-blind$.tw.) and (magnetic stimulation.ti. or rtms.ti. or transcranial magnetic.ti.) and depress$.ti. and (English language and yr="1995-Current")

This search retrieved 137 references (Figure 3).

***Supplementary eFigure* 3**. PsycINFO: search strategy.

	# ▲	Searches	Results
☐	1	(random$.tw. or placebo$.mp. or double-blind$.tw.) and ("magnetic stimulation" or rtms or "transcranial magnetic").ti. and depress$.ti.	147
☐	2	limit 1 to (english language and yr="1995 -Current")	137

2.2.4 CENTRAL

An advanced search was conducted on 2012/05/12 using the following syntax:

depress*:ti AND (magnetic stimulation:ti OR rTMS:ti OR transcranial magnetic:ti), from 1995 to 2012 in Trials

This search retrieved 207 references (Figure 4).

Supplementary eFigure 4. CENTRAL: search strategy.

Current Search History

ID	Search	Hits
#1	depress*:ti AND (magnetic stimulation:ti OR rTMS:ti OR transcranial magnetic:ti), from 1995 to 2012 in Trials	207

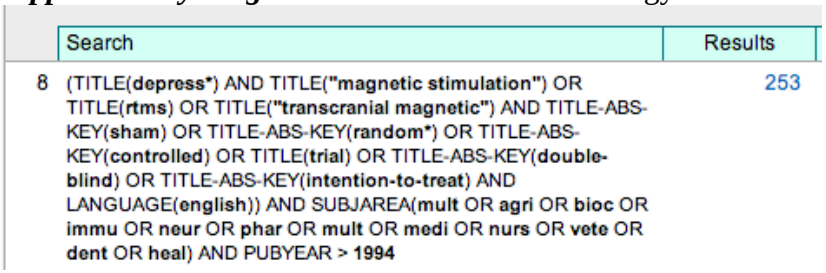
2.2.5 SCOPUS

An advanced search was conducted on 2012/05/12 using the following syntax:

(TITLE(**depress***) AND TITLE("**magnetic stimulation**") OR TITLE(**rtms**) OR TITLE("**transcranial magnetic**") AND TITLE-ABS-KEY(**sham**) OR TITLE-ABS-KEY(**random***) OR TITLE-ABS-KEY(**controlled**) OR TITLE(**trial**) OR TITLE-ABS-KEY(**double-blind**) OR TITLE-ABS-KEY(**intention-to-treat**) AND LANGUAGE(**english**)) AND SUBJAREA(**mult** OR **agri** OR **bioc** OR **immu** OR **neur** OR **phar** OR **mult** OR **medi** OR **nurs** OR **vete** OR **dent** OR **heal**) AND PUBYEAR > **1994**

This search retrieved 253 references (Figure 5).

Supplementary eFigure 5. SCOPUS: search strategy.



	Search	Results
8	(TITLE(**depress***) AND TITLE(**"magnetic stimulation"**) OR TITLE(**rtms**) OR TITLE(**"transcranial magnetic"**) AND TITLE-ABS-KEY(**sham**) OR TITLE-ABS-KEY(**random***) OR TITLE-ABS-KEY(**controlled**) OR TITLE(**trial**) OR TITLE-ABS-KEY(**double-blind**) OR TITLE-ABS-KEY(**intention-to-treat**) AND LANGUAGE(**english**)) AND SUBJAREA(**mult** OR **agri** OR **bioc** OR **immu** OR **neur** OR **phar** OR **mult** OR **medi** OR **nurs** OR **vete** OR **dent** OR **heal**) AND PUBYEAR > **1994**	253

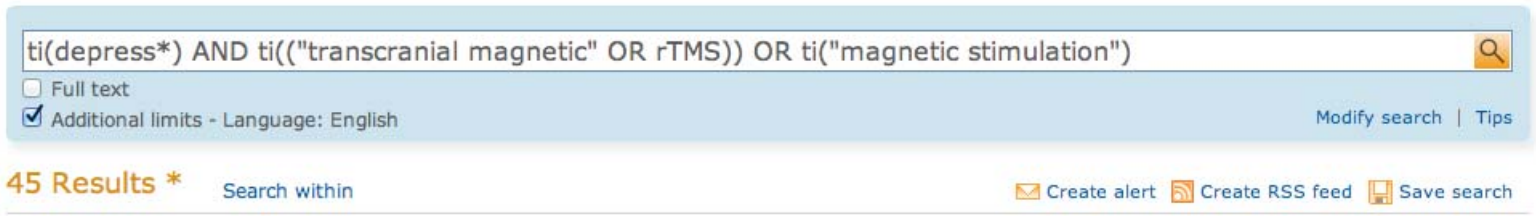
2.2.5 PQDT

An advanced search was conducted on 2012/05/12 using the following syntax:

ti(depress*) AND ti((“transcranial magnetic” OR rTMS)) OR ti(“magnetic stimulation”)

This search retrieved 45 references (Figure 6).

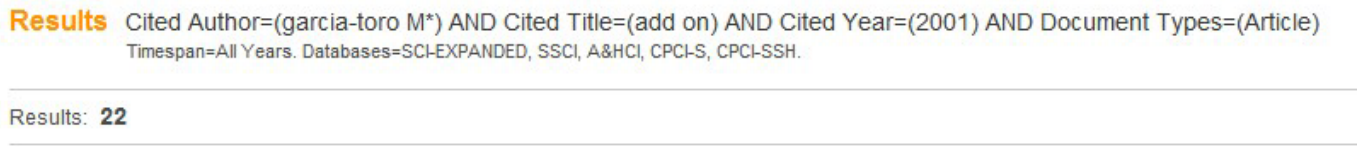
Supplementary eFigure 6. PQDT: search strategy.



2.2.6 Web of Science Citations Index

An advanced search was conducted on 2012/06/12.

Supplementary eFigure 6. *Garcia-Toro et al, 2001*

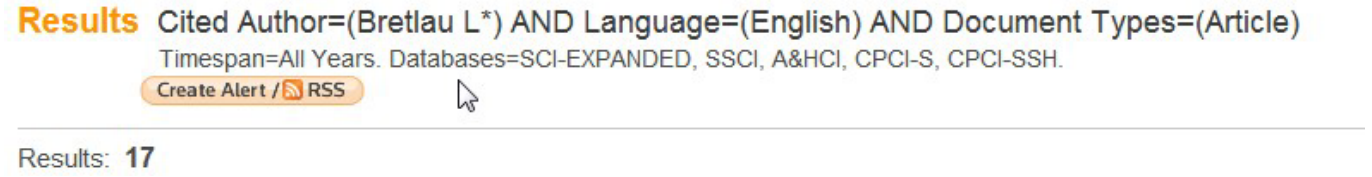


Supplementary eFigure 7. *Rossini et al, 2005*

Supplementary eFigure 8. *Rumi et al, 2005*

Supplementary eFigure 9. *Herwig et al, 2007*

Supplementary eFigure 10. *Bretlau et al, 2008*



Supplementary eFigure 11. *Huang et al, 2012*

No register.

2.3 ***Excluded Studies and Reasons for Exclusion***

2.3.1 MEDLINE, PsycINFO, EMBASE, CENTRAL, SCOPUS and PQDT

Searches on MEDLINE, PsycINFO, EMBASE, CENTRAL, SCOPUS and PQDT yielded 379 references (after discarding duplicates). Of these, only 1 was included in this meta-analysis[57] (please refer to Supplementary eTables 2 and 3 for information on excluded studies).

Supplementary eTable 2. MEDLINE, PsycINFO, EMBASE, CENTRAL, SCOPUS and PQDT: reasons exclusion - non-randomized controlled trials.

REASON FOR EXCLUSION	n
No Primary Data	
Review	50
Book or book chapter	2
Erratum	1
Post-hoc and/or secondary analysis	18
Comment	10
Clinical trial registration	17
Non-Primary MDD Samples	
Bipolar depression	10
No separate results for subjects with MDD	1
Postpartum MDD	1
Secondary MDD (e.g., Parkinson's, obsessive-compulsive disorder)	20
Clinical Studies, but Non-RCT Design	
Randomized trial but no sham rTMS	20
Case report or series	11
Retrospective design	1
Open label trial	49
Other	
Non-treatment rTMS study in subjects with MDD (e.g., neuroimaging, neurochemistry, neurophysiology, coil positioning)	66
Other neuromodulation techniques (e.g., transcranial direct current stimulation, vagus nerve stimulation)	11
Theta burst stimulation	2
Stimulation of a region other than the DLPFC	2
Study in subjects with psychotic disorders	3
Study in subjects with anxiety disorders	1
Study in subjects with addiction disorders	1
Study in subjects with autistic disorders	1
Study in subjects with neurological illnesses	2
Study in animals	12
Study in healthy subjects or using computer/mathematical modeling	27
Study in subjects with > 75 years	2
Study on children and/or adolescents	3

TOTAL	356

Supplementary eTable 3. MEDLINE, PsycINFO, EMBASE, CENTRAL, SCOPUS and PQDT: reasons for exclusion - randomized controlled trials.

Reference	Reason for Exclusion (example)
2012	
Fitzgerald et al[58]	n=67, but rTMS used as an augmenting strategy for major depression
Hernandez-Ribas et al[59]	n=21, but rTMS used as an augmenting strategy for major depression
Peng et al[60]	n=30, but rTMS used as an augmentation strategy for major depression
2011	
Aguirre et al[61]	n=34, but rTMS used as an augmenting strategy for major depression
He et al[62]	n=164, but only rTMS used as a monotherapy for major depression
Karamustafalioglu et al[63]	n=44, but unreported outcomes[36] (i.e., response and/or remission rates); main author contacted by email but did not respond; nevertheless, their main findings were that "*…in terms of response, study group was significantly superior to the control group. This significant superiority continued to the endpoint. By the second week, study group was superior to the control group in terms of remission…*"
Lingeswaran et al[64]	n=23, but rTMS used as an augmenting strategy for major depression
Ray et al[65]	n=40, but single-blind, and rTMS used as a monotherapy for major depression
Zhang et al[66]	n=28, but rTMS used as an augmenting strategy for major depression
2010	
George et al[67]	n=190, but rTMS used as a monotherapy for major depression
Karamustafalioglu et al[68]	n=35, but rTMS used as an augmenting strategy for major depression
Lee et al[69]	n=14, but rTMS used as an augmenting strategy for major depression
Paillere-Martinot et al[70]	n=48, but rTMS used as an augmenting strategy for major depression
Pallanti et al[71]	n=60, but rTMS used as an augmenting strategy for major depression
Triggs et al[72]	n=25, but rTMS used as an augmenting strategy for major depression
Zheng et al[73]	n=34, but rTMS used as an augmenting strategy for major depression
2009	
Bares et al[74]	n=60, but no sham rTMS group
Carretero et al[75]	n=28, but single-blind rTMS
Speer et al[76]	n=22, but rTMS used as a monotherapy for major depression
2008	
Fitzgerald et al[77]	n=50, but bilateral rTMS used as augmenting strategy for major depression
Jakob et al[78]	n=36, but rTMS used as either an augmenting strategy or a monotherapy for major depression

2005	
Chistyakov et al[79]	n=59, but no active rTMS + antidepressant group

2.3.2 Web of Science Citations Index

Searches on the Web of Science's Citation Index Expanded yielded 70 references (after discarding duplicates), but none of these were included in this meta-analysis (please refer to Supplementary eTables 4 and 5 for additional information).

Supplementary eTable 4. Web of Science's Citations Index Expanded: reasons for exclusion - non-randomized controlled trials.

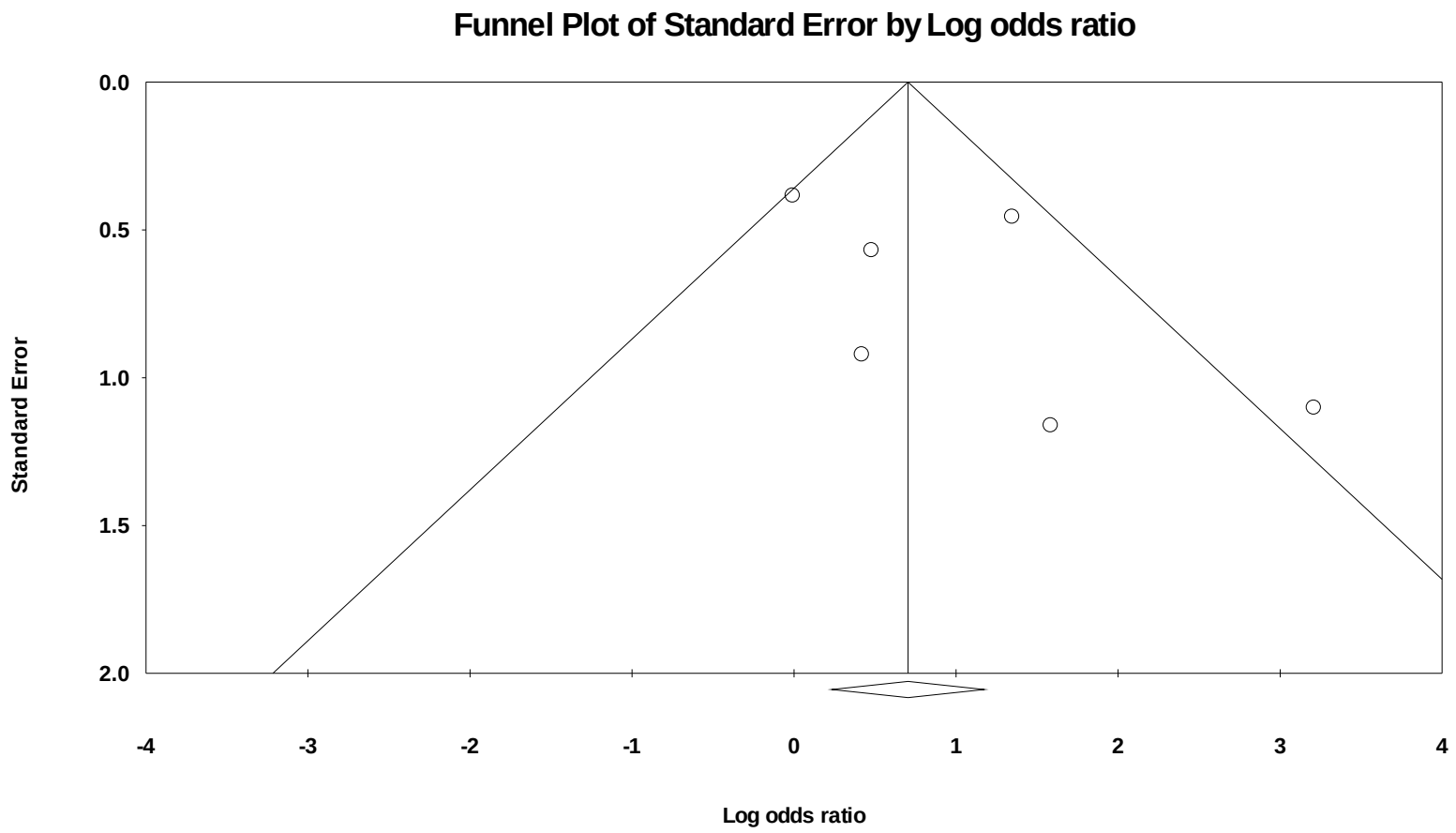
REASON FOR EXCLUSION	n
No Primary Data	
Review	26
Post-hoc and/or secondary analysis	4
Clinical Studies, but Non-RCT Design	
Randomized trial but no sham rTMS	5
Case report or series	4
Retrospective design	2
Open label trial	9
Other	
Other neuromodulation techniques (e.g., transcranial direct current stimulation, vagus nerve stimulation)	3
Theta burst stimulation	2
Study in subjects with mania	1
Study in subjects with psychotic disorders	1
Study in subjects with anxiety disorders	1
Study in subjects with neurological illnesses	5
Study in animals	1
Study in healthy subjects, using computer/mathematical modeling or describing new equipment	5
TOTAL	**69**

Supplementary eTable 5. Web of Science's Citations Index Expanded: reasons for exclusion - randomized controlled trials.

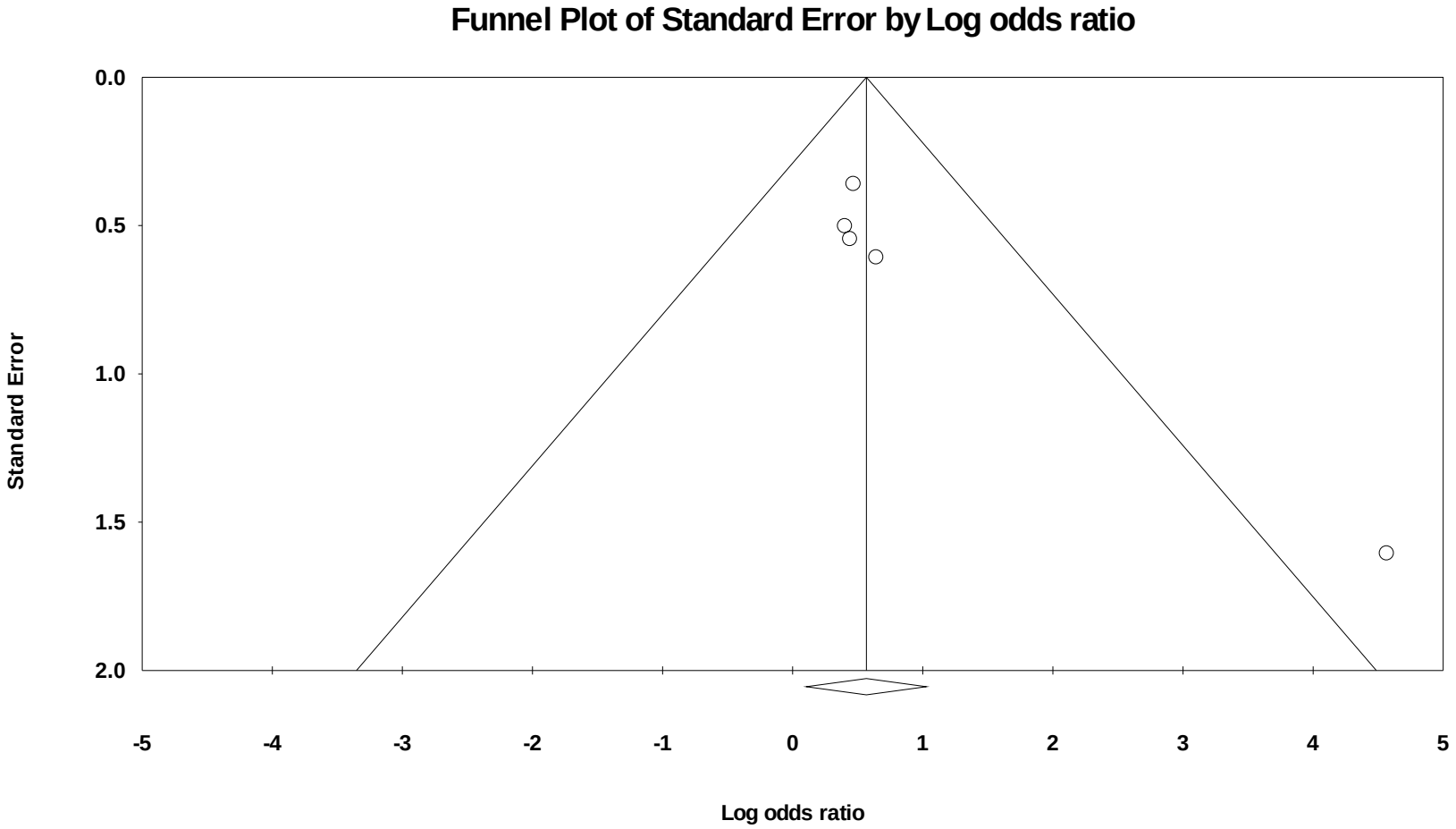
Reference	Reason for Exclusion (example)
2010	
Hoeppner et al[80]	n=30, but data overlap with Herwig et al, 2007[81]

Supplementary eSection 3. Funnel Plots

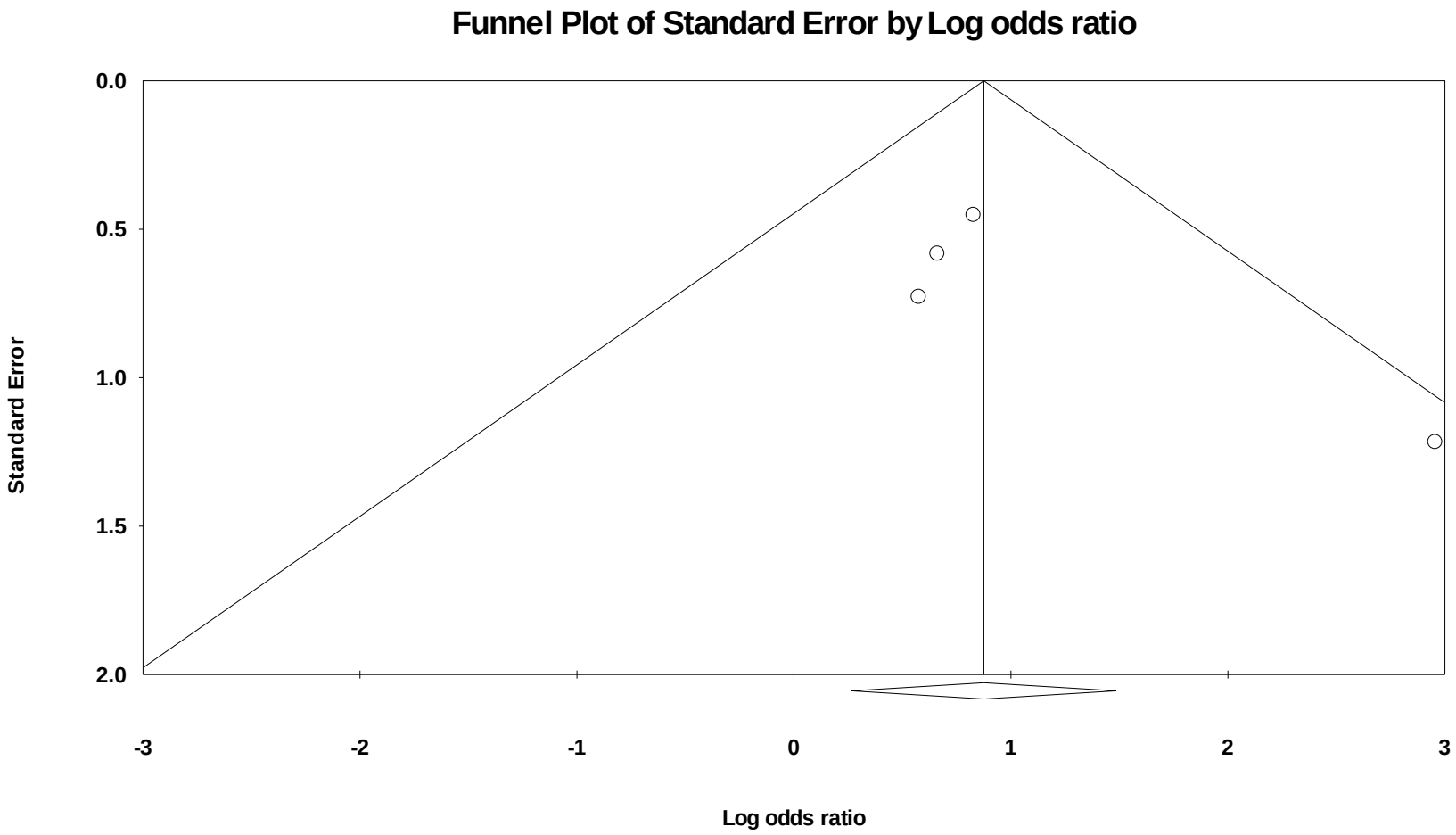
3.1 *Supplementary eFigure 12.* *Response rates at T_1*



3.2 *Supplementary eFigure 13.* *Response rates at T_2*



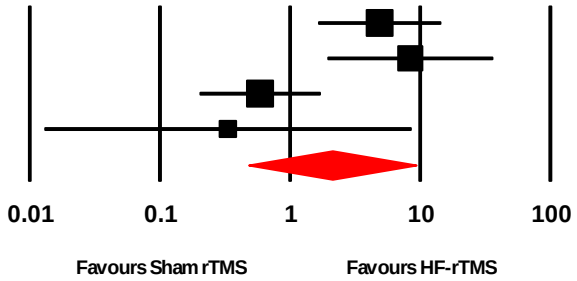
3.3 *Supplementary eFigure 14.* *Remission at T_2*



Supplementary eSection 4. Forest Plots

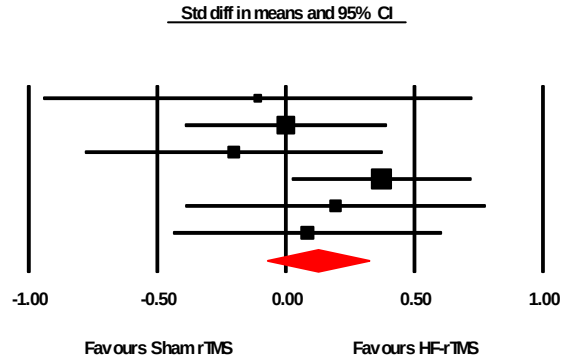
4.1 *Supplementary eFigure 15.* *Remission Rates at T_1*

Study name	Odds ratio	Lower limit	Upper limit	Z-Value	p-Value	Remitters / Total: Active rTMS	Remitters / Total: Sham rTMS	Relative weight
Rossini et al, 2005	4.877	1.633	14.567	2.839	0.005	18 / 49	5 / 47	30.08
Rumi et al, 2005	8.400	1.927	36.618	2.833	0.005	12 / 22	3 / 24	26.55
Herwig et al, 2007	0.589	0.200	1.732	-0.961	0.336	6 / 62	10 / 65	30.22
Bretlau et al, 2008	0.333	0.013	8.627	-0.662	0.508	0 / 22	1 / 23	13.16
	2.090	0.475	9.197	0.975	0.329	36 / 155	19 / 159	



4.2 *Supplementary eFigure 16.* *Baseline Depression Scores*

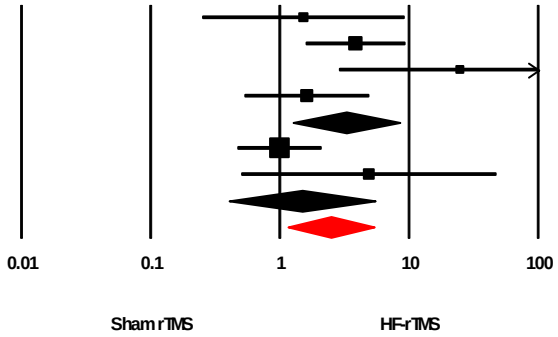
Study name	Std diff in means	Standard error	Variance	Lower limit	Upper limit	Z-Value	p-Value	Sample size: Active rTMS	Sample size: Sham rTMS	Relative weight
Garcia-Toro et al, 2001	-0.109	0.427	0.182	-0.946	0.727	-0.256	0.798	11	11	5.60
Rossini et al, 2005	0.000	0.201	0.040	-0.394	0.394	0.000	1.000	50	49	25.24
Rumi et al, 2005	-0.203	0.296	0.088	-0.783	0.377	-0.685	0.494	22	24	11.65
Herwig et al, 2007	0.372	0.179	0.032	0.021	0.723	2.080	0.038	62	65	31.82
Bretlau et al, 2008	0.193	0.299	0.089	-0.393	0.779	0.647	0.518	22	23	11.42
Huang et al,2012	0.084	0.267	0.071	-0.440	0.608	0.314	0.753	28	28	14.27
	0.123	0.101	0.010	-0.075	0.321	1.216	0.224	195	200	



4.4 *SENSITIVITY ANALYSES*

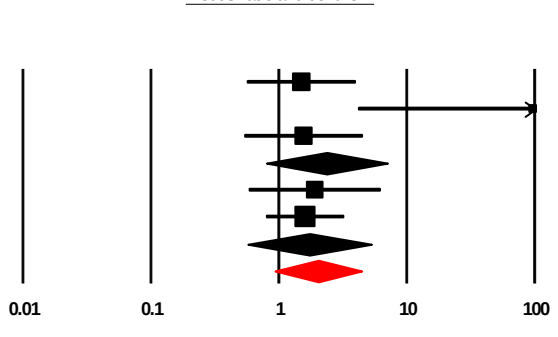
4.4.1 ***Supplementary eFigure 17.*** *Unipolar vs. Mixed (Unipolar/Bipolar) Samples: Response Rates at T_1*

Group by Diagnosis	Study name	Odds ratio	Lower limit	Upper limit	Z-Value	p-Value	Active rTMS	Sham rTMS	Relative weight
MDD	Garcia-Toro et al, 2001	1.524	0.250	9.295	0.457	0.648	4 / 11	3 / 11	18.30
MDD	Rossini et al, 2005	3.854	1.574	9.436	2.953	0.003	25 / 49	10 / 47	36.49
MDD	Rumi et al, 2005	24.818	2.860	215.377	2.913	0.004	21 / 22	11 / 24	14.27
MDD	Huang et al, 2012	1.618	0.529	4.942	0.844	0.399	11 / 28	8 / 28	30.94
MDD		3.243	1.252	8.402	2.422	0.015	61 / 110	32 / 110	
MDD/BD	Herwig et al, 2007	0.994	0.468	2.114	-0.015	0.988	19 / 62	20 / 65	75.33
MDD/BD	Bretlau et al, 2008	4.889	0.501	47.708	1.365	0.172	4 / 22	1 / 23	24.67
MDD/BD		1.473	0.401	5.416	0.583	0.560	23 / 84	21 / 88	
Overall		2.463	1.142	5.312	2.299	0.021	84 / 194	53 / 198	



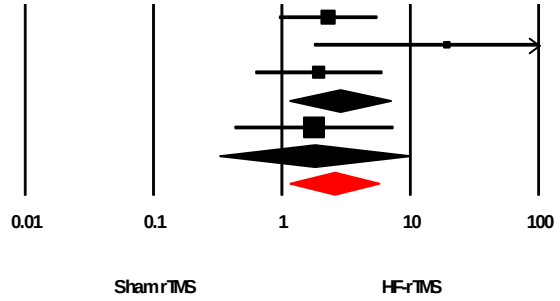
4.4.2 ***Supplementary eFigure 18.*** *Unipolar vs. Mixed (Unipolar/Bipolar) Samples: Response Rates at T_2*

Group by Diagnosis	Study name	Odds ratio	Lower limit	Upper limit	Z-Value	p-Value	Active rTMS	Sham rTMS	Relative weight
MDD	Rossini et al, 2005	1.500	0.559	4.024	0.805	0.421	36 / 45	32 / 44	46.31
MDD	Rumi et al, 2005	96.600	4.142	2253.153	2.844	0.004	11 / 11	2 / 12	10.33
MDD	Huang et al, 2012	1.560	0.534	4.557	0.813	0.416	13 / 28	10 / 28	43.35
MDD		2.346	0.788	6.983	1.532	0.125	60 / 84	44 / 84	
MDD/BD	Bretlau et al, 2008	1.909	0.579	6.296	1.062	0.288	14 / 22	11 / 23	40.99
MDD/BD	Herwig et al, 2007	1.602	0.789	3.252	1.303	0.193	30 / 62	24 / 65	59.01
MDD/BD		1.721	0.566	5.235	0.957	0.339	44 / 84	35 / 88	
Overall		2.016	0.925	4.392	1.764	0.078	104 / 168	79 / 172	



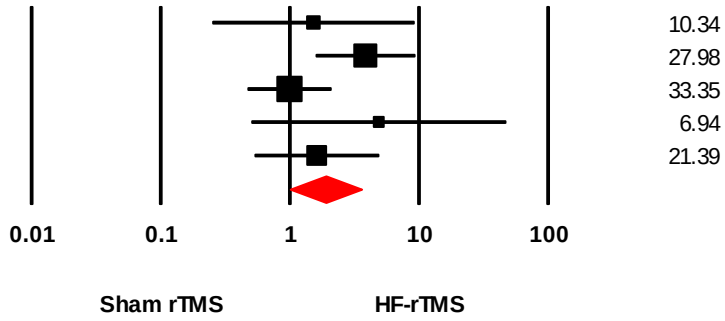
4.4.3 ***Supplementary eFigure 19.*** *Unipolar vs. Mixed (Unipolar/Bipolar) Samples: Remission Rates at T_2*

Group by Diagnosis	Study name	Odds ratio	Lower limit	Upper limit	Z-Value	p-Value	Remitters / Total: Active rTMS	Remitters / Total: Sham rTMS	Relative weight
MDD	Rossini et al, 2005	2.292	0.943	5.570	1.830	0.067	33 / 45	24 / 44	49.72
MDD	Rumi et al, 2005	19.250	1.768	209.546	2.428	0.015	7 / 11	1 / 12	12.47
MDD	Huang et al, 2012	1.941	0.619	6.089	1.137	0.255	11 / 28	7 / 28	37.81
MDD		2.807	1.136	6.932	2.237	0.025	51 / 84	32 / 84	
MDD/BD	Bretlau et al, 2008	1.781	0.427	7.438	0.792	0.429	6 / 22	4 / 23	100.00
MDD/BD		1.781	0.325	9.775	0.665	0.506	6 / 22	4 / 23	
Overall		2.539	1.143	5.643	2.287	0.022	57 / 106	36 / 107	



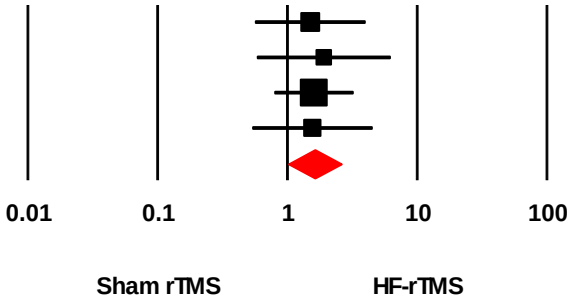
4.4.4 ***Supplementary eFigure 20.*** *Response Rates at T_1 Excluding Rumi and colleagues*[82]

Study name	Odds ratio	Lower limit	Upper limit	Z-Value	p-Value	Active rTMS	Sham rTMS	Relative weight
Garcia-Toro et al, 2001	1.524	0.250	9.295	0.457	0.648	4 / 11	3 / 11	10.34
Rossini et al, 2005	3.854	1.574	9.436	2.953	0.003	25 / 49	10 / 47	27.98
Herwig et al, 2007	0.994	0.468	2.114	-0.015	0.988	19 / 62	20 / 65	33.35
Bretlau et al, 2008	4.889	0.501	47.708	1.365	0.172	4 / 22	1 / 23	6.94
Huang et al, 2012	1.618	0.529	4.942	0.844	0.399	11 / 28	8 / 28	21.39
	1.882	0.996	3.554	1.948	0.051	63 / 172	42 / 174	



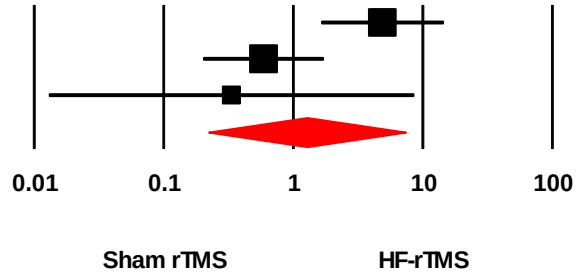
4.4.5 *Supplementary eFigure 21.* *Response Rates at T_2 Excluding Rumi and colleagues*[82]

Study name	Odds ratio	Lower limit	Upper limit	Z-Value	p-Value	Active rTMS	Sham rTMS	Relative weight
Rossini et al, 2005	1.500	0.559	4.024	0.805	0.421	36 / 45	32 / 44	22.36
Bretlau et al, 2008	1.909	0.579	6.296	1.062	0.288	14 / 22	11 / 23	15.29
Herwig et al, 2007	1.602	0.789	3.252	1.303	0.193	30 / 62	24 / 65	43.39
Huang et al, 2012	1.560	0.534	4.557	0.813	0.416	13 / 28	10 / 28	18.95
	1.613	1.012	2.572	2.008	0.045	93 / 157	77 / 160	

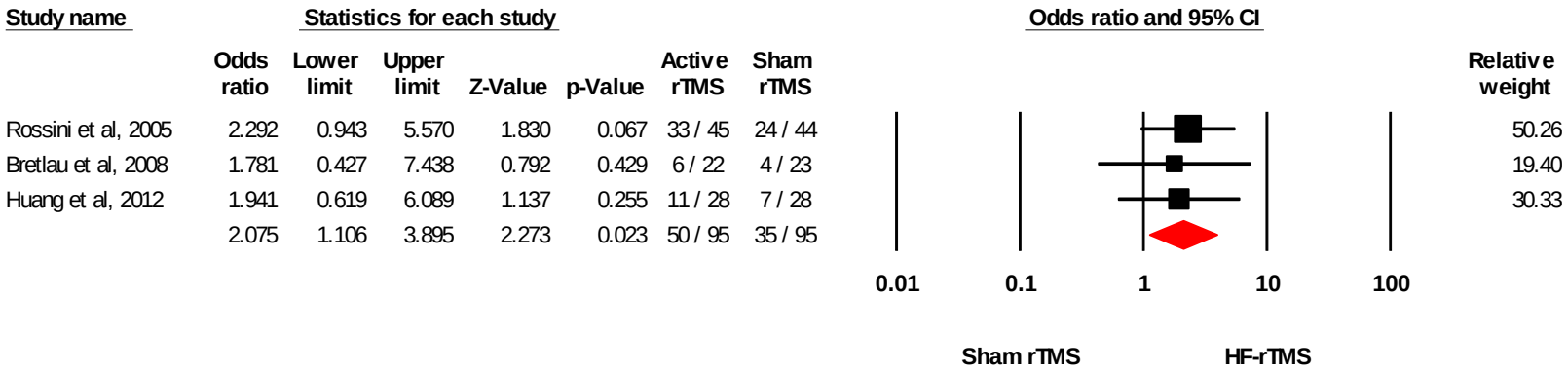


4.4.6 Supplementary eFigure 22. *Remission Rates at T_1 Excluding Rumi and colleagues*[82]

Study name	Odds ratio	Lower limit	Upper limit	Z-Value	p-Value	Remitters / Total: Active rTMS	Remitters / Total: Sham rTMS	Relative weight
Rossini et al, 2005	4.877	1.633	14.567	2.839	0.005	18 / 49	5 / 47	40.85
Herwig et al, 2007	0.589	0.200	1.732	-0.961	0.336	6 / 62	10 / 65	41.04
Bretlau et al, 2008	0.333	0.013	8.627	-0.662	0.508	0 / 22	1 / 23	18.11
	1.260	0.220	7.234	0.259	0.795	24 / 133	16 / 135	



4.4.7 *Supplementary eFigure 23.* *Remission Rates at T_2 Excluding Rumi and colleagues*[82]



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